

Early learning:  
lessons from  
scaling up



# Early childhood matters

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Bernard van Leer  Foundation

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# Quality learning at scale: a new goal for the Bernard van Leer Foundation

**Leonardo Yáñez, the Bernard van Leer Foundation's programme officer for Brazil and Peru, introduces the articles in this issue of *Early Childhood Matters* and explains the Foundation's past experiences, current thinking and future plans on the question of scaling-up early learning without losing quality.**

Why invest in providing quality early childhood care at scale? There are many answers to this question, each resonating with a different audience. Some see the value of childcare as liberating mothers to go to work. Some view investing in children as a means to ensure that the growing generation will be economically productive in a competitive world. Others are persuaded by the work of economists such as James Heckman that investing in care for young children makes sense as it helps to prevent problems in later childhood and adulthood that cost society much more to remedy.

Some see early childhood as the most effective time to intervene against social inequalities that are passed down from generation to generation. Others see children as the best entry point for efforts to seek a more just society, as it is often easier to mobilise broad political support in favour of social assistance for the children of the poor and marginalised than for their parents. Others again see the case as being made by the duty of states to ensure human rights under the Convention on the Rights of the Child.

Last but not least, early childhood is increasingly attracting the attention of scientists, academics and politicians, as evidence from neuroscience explains

more and more of the mechanisms through which the fundamental traits of personality are shaped by the quality of early stimulation and care. We already knew that children who benefit from quality early education tend to earn more, commit less crime, and build better relationships. Now we are finding out more about why.

Over the six decades of its existence, the Bernard van Leer Foundation has pioneered many innovative models of care and early education. We have supported curricula which put children at the centre of their own learning; which reach across a diversity of cultural, geographic and linguistic divides to reach the most disadvantaged; and which recognise the vital role of the family as a child's first educators.

## **Barriers to investing in quality services**

We have now reached the point where there is sufficient knowledge about what it means for a child's early care and education to be considered of sufficiently good quality. There are countless models of provision that merit expansion. The question becomes: 'What is preventing states from universalising quality services in early childhood?' You may think that

the answer is simply a lack of money. But a Brookings Institution study of seven countries, commissioned by the Foundation, revealed that lack of funds was not perceived as the main impediment. Other problems are more significant.

For example, in some states it is ethnic or linguistic or religious divides which lead to groups of children being deprived of quality care. In Israel, for example, programmes for children of Arab or ultra-Orthodox Haredi Jewish parents tend to have more limited funding and lack the minimum quality to ensure a positive developmental impact – teachers are insufficient in number and inadequately trained, and the infrastructure is poor. In the Netherlands, where the Bernard van Leer Foundation is based, children of mostly immigrant minorities from non-Western cultures (notably Turkey, Morocco, Surinam and Netherlands Antilles) are suffering most from a drop in quality of early childhood provision as the economic crisis causes it to slip down the political agenda.

In other states, the main problem is that local municipalities and regions have the responsibility for implementing early childhood programmes, but cannot meet the minimum quality criteria required by the state to release funds. This is a problem encountered in, for example, remote and isolated areas in the Amazon basin of Brazil and Peru and in the tribal communities of Orissa,

India – places where often the language is known only by the locals, and infrastructure is difficult to construct.

Finally, there are states in which there is no social demand for quality universal childcare because the concept is essentially unknown to its potential beneficiaries. The few services for young children that exist in Uganda, for example, have all been designed for the urban environment. Children in rural areas – the majority – would benefit from services such as home visiting, but parents do not call for them because they have never before experienced them. In Tanzania, the 37% of children who do have access to some type of preschool attend a classroom with an average of 74 children per teacher. In both cases, the rural poor especially need integrated learning, health and nutrition for children aged 0 to 8 years.

#### **Success stories at national level**

There are also success stories in maintaining quality when taking early childhood services to scale. On pages 6–11 we summarise a study of Cuba, commissioned by the Foundation and carried out by the Brookings Institution, which shows how inter-agency coordination in this poor and relatively isolated country has led to integrated services between health and education and integrated services for children from before birth. The Cuban experience has inspired programmes in other countries, such as Brazil's *Primeira Infância Melhor*

Early learning does not occur only in schools, but in children's interaction with their primary caregivers and their physical and cultural environment.

Photo: Devi Roebers/SPOREN



(PIM) programme, in which visitors to vulnerable households – urban, rural and indigenous – carry a kit of health, nutrition and early learning stimulation materials. We at the Bernard van Leer Foundation have drawn two major lessons from observing these two sister programmes:

- Ensure that learning during the first 3 years is not the exclusive domain of the education sector. While all sectors must work together, the primary responsibility should be on the health sector, which is better positioned to reach and adapt to the vulnerability of target populations.
- It takes political will from governments and sectoral leaders to define these programmes as a lasting

priority in ways that will transcend partisanship.

The experience of the *Chile Crece Contigo* programme, described on pages 12–16, especially illustrates the second lesson, with backing from the presidential office being vital in mobilising support for the rolling-out of this comprehensive effort. As the newly elected president of Peru also sets out to make early childhood a priority, an article looking at Peru's previous experiences of delivering early childhood services at scale (page 17) identifies four lessons that could guide the new government.

Moving outside the Latin American region, one of the longest-standing successes in large-scale early

childhood services is the Head Start programme in the USA. Joan Lombardi, who knows the programme well, identifies five important factors that can guide other countries looking to emulate the programme's longevity (page 21). As well as the two lessons already mentioned, these include the importance of defining standards and monitoring how they are being met; training staff; and adequate 'dosage' (that is, the number of hours children spend in the programme).

Further interesting lessons emerge from the UK in our interview with Naomi Eisenstadt, who was initially in charge of the British government's Sure Start service. Among the many useful insights to emerge is that the speed at which the programme was expanded in the early years of the last decade, and its universal nature, with the vast majority of families seeing benefits for their children, ensured sustainability across a change of political administration even in difficult economic times (page 28).

A number of African countries are in the process of scaling-up their early childhood services, or making plans to do so. Two country case studies from Africa suggest useful pointers. On pages 33–37, Lynette Okengo identifies four factors that have helped Kenya to achieve preschool services on a significant scale, including decentralised training and community involvement. On pages 38–42, Linda Biersteker discusses the scaling-up of services for 0–4 year olds in South

Africa, drawing lessons which include the importance of communication and overcoming resistance to moving programmes beyond a purely centre-based modality.

#### **Other perspectives on scaling up**

As countries attempt to scale-up early childhood services, there is a vital role for international organisations in providing expertise and support. The World Bank is in the process of setting up a major effort to gather evidence on ‘what works’ in early childhood

1990s. On pages 56–61, Sarah Klaus describes how the programme grew in the face of successive challenges. We delve more deeply into Step by Step’s experiences in one country, Macedonia, on page 62.

The Bernard van Leer Foundation’s long-standing partner in the Caribbean, the Caribbean Child Support Initiative, recently became a foundation in its own right in response to our withdrawal from the region. On pages 72–77, Susan Branker and colleagues outline the debate within the

**Good childhood programmes are based on strong popular demand from parents, caregivers and service providers.**

development; this ECD-SABER initiative is outlined on pages 43–51. The OECD also assists its member states in refining their early childhood policies and programming, as its former Deputy Secretary-General Aart de Geus explains in an interview on page 52.

As well as taking a national-level perspective, we can address challenges in scaling up from the perspective of organisations who are leading the process. Notable among these is the International Step by Step Association, which operates in 28 countries and has had considerable success in scaling-up quality preschool services, especially in former Soviet states since the early

organisation as to whether scaling up should be pursued through a strategy of institutionalisation or organic growth. Another partner, the Self Employed Women’s Association in India, has successfully brought early learning services to its members on a wide scale; their story is told on pages 67–71.

Some models of quality early learning provision may be inherently harder to scale up than others. One of the most popular and best-known models in early childhood circles, for example, is the one which started in the Italian city of Reggio Emilia; given its fame, it is interesting that more schools have not adopted its approach. On pages 78–82,

Lella Gandini explores reasons why this might be the case in the USA.

Implicit to all the above efforts to maintain quality while scaling-up early childhood provision is a fundamental question: ‘What do we mean by quality?’ On pages 83–89, we précis a paper by Pia Britto *et al.*, originally published by the Society for Research into Child Development, which addresses exactly this question.

Finally in this issue, we approach the question of scaling-up early learning from a very different angle: as smartphones, tablet computers and other such devices increasingly penetrate even poorer communities, what is their potential to support children’s learning? Cynthia Chiong, from Sirius Thinking, explores the very early research that has been done on this question in a fascinating article on page 90.

### Concluding key points

From the articles in this issue, broader research, and this Foundation’s grantmaking experiences over the years, we can identify a number of key points.

- Early learning does not occur only in schools, but in children’s interaction with their primary caregivers and their physical and cultural environment. It is therefore not wholly the responsibility of the education sector.
- Children’s early learning relies heavily on healthy, safe and loving environments and good nutrition.

A programme for this age group should be holistic, integrating the various aspects of child development.

- Parents and caregivers are their child’s natural first teachers as they demonstrate affection, expose children to language, and make their world safe and interesting to explore.
- Good childhood programmes are based on strong popular demand. Parents, caregivers and service providers should be aware and active in defending the rights of their children.
- It is also necessary to sensitise national and supranational political bodies (agencies and regional organisations, parliamentarians, businessmen and celebrities) to lobby for more public and private investment in young children.
- Finally, it is especially necessary to promote quality early learning opportunities in communities with children in most disadvantaged social or economic circumstances. These are the children who most stand to benefit.

We have so far considered the questions of why to invest in learning in the early years, and what has prevented governments from investing heavily in these programmes. But really the most important question is: ‘Why has the early childhood community failed to persuade governments of the compelling case for public investment?’

We have lacked clear leadership to advocate vigorously for the

consolidation of early childhood policies, to overcome the current fragmentation of public and private budgets between countless institutions, none of which take a sufficiently holistic view of children. We must move from mere activism to strategic mobilisation. We must identify and assist stakeholders from different sectors with the will and the ability to represent the interests of children, particularly the poorest and most excluded.

We must also join forces with natural allies among donors, international agencies and civil society networks, not only in the field of education and childcare but in any other sector whose actions have a direct impact on early childhood – for example, social protection, infrastructure and trade. These partnerships should aim to create mechanisms to coordinate funds and ensure that they are used for their specified purpose. This is the direction that the Bernard van Leer Foundation will take, globally and in each of the countries where we operate.

## Cuba's Educate Your Child programme

**This article is a summary of a longer paper published in 2010 by the Brookings Institution with the support of the Bernard van Leer Foundation, *Scaling-up Early Child Development in Cuba – Cuba's Educate Your Child Program: Strategies and lessons from the expansion process*, by Alfredo R. Tinajero, an early childhood development research specialist for Latin America at the Founders' Network and research associate in the Hincks-Dellcrest Centre in Toronto.**

Seventy per cent of Cuban children under the age of 6 years participate in the *Educa a Tu Hijo* (Educate Your Child) programme, a non-institutionalised, multi-sector, community-based programme run by the Ministry of Education that places the family at the centre of activities. Following pilots from 1983 to 1992, the programme was scaled-up between 1992 and 1998. This article looks at lessons that other countries could learn from the programme.

The objective of Cuba's *Educa a Tu Hijo* programme is to achieve the maximum level of development possible for each child in the areas of emotional communication, intelligence, language, motor development, habit formation, health, and nutrition. The primary way to achieve that objective is to prepare families to become agents for stimulating the development of their children.

The programme is implemented by teams of promoters and facilitators. Promoters (primarily teachers, educators, and health professionals) serve as a liaison between the local coordinating group and the community. Their role is to educate the community, mobilise resources, train

facilitators, and provide pedagogical guidance for plans established by the programme's local coordinating groups.

The programme works with two age groups: 0–2 and 2–6 years. The 0–2 age group receives individualised care from facilitators, who visit homes once or twice a week. The in-home sessions consist of demonstrations of stimulation activities by the facilitators, which serve as examples for the parents. Group structure and other methodological aspects of the programme may vary according to local needs.

Children in the 2–6 age group participate alongside their parents or caretakers in group sessions held once or twice a week in a community space (parks, cultural centres, sports centres). The sessions can be held with groups broken down by age (for example, groups of children aged 2–3, 3–4, 4–5, or 5–6 years). At least one family member responsible for raising the child participates in the in-home and group sessions, which seek to involve families while training and guiding them and helping them to develop the knowledge and skills to promote the development of their children.



### Putting the programme into context

To understand the Educate Your Child programme, one must understand the social vision behind it. Children and families are not alone: they are backed by a community. Social cohesion means that child development is a shared responsibility. The Educate Your Child programme, like all Cuban health and education programmes, exists within a multi-sector network of services and is characterised by four strategies that run through all of the country's early child development policies and programmes.

**Family-based action** The family is at the centre of Cuba's child development programmes, which are designed to educate, train, and encourage the participation of the family in promoting comprehensive child development.

**Participation by all sectors of society** The community, people's organisations, and agencies of the central administration of the state participate through the assemblies of people's power, local councils, local health councils, and coordinating groups for the different national

### Expansion strategies

The Educate Your Child programme was expanded through the national, provincial, and municipal assemblies of people's power and local councils. Programme managing groups were created within each of these bodies. Cuba's double accountability of its decentralised education system means that programme managing groups were under the authority of the Ministry of Education for regulatory and methodological issues, and of the corresponding assembly of people's power for operational and administrative concerns.

The Ministry of Education was strengthened by the formation of multi-sector groups rather than by reorganisation of its internal structure. As a result, the institutional strengthening strategy did not include contracting employees at the central level or carrying out infrastructure building projects; it was based instead on making the programme operational within the framework of the political-administrative structure of the state. The surplus of trained teachers in Cuba at the time was among those employed as promoters. Facilitators came from other state agencies, people's organisations, the Ministry of Public Health, and the Ministry of Education itself.

Training was offered at the national, provincial, municipal, and local level for facilitators and members of the coordinating groups. Training content, which varied in accordance with the needs and experiences of those

Cuba's early child development strategy focuses primarily on prevention, not treatment.

### Early intervention and prevention

Cuba's early child development strategy focuses primarily on prevention, not treatment. Health and education programmes, including Educate Your Child, are coordinated from the prenatal period to provide care that promotes the maximum possible development for children. Preventive services begin before conception, with the identification of women who may be at risk if they become pregnant – for example, because of hypertension, diabetes, or genetic or obstetric conditions – so that special monitoring and care can be provided.

Coordinating groups for Educate Your Child, composed of representatives from various sectors, exist at the national, provincial, municipal, and local levels.

**Ongoing development monitoring** Ongoing monitoring of child development is a fundamental characteristic of the national child development system. Information obtained is used to monitor children's growth, increase the quality of programmes, fine-tune action plans within local councils, and establish appropriate strategies at the municipal, provincial, and national levels.

The family is at the centre of Cuba's child development programmes.

Photo: Fernando Sánchez Cobo



being trained, included basic child development principles. Promoters, daycare teachers, professors from universities and teaching institutes, family doctors, methodologists, and specialists from different fields participated in the training as instructors and also supported local groups in improving local education and child development plans.

The initial training period lasted approximately one year. The national level trained the provincial level, the provincial level trained the municipal level, and the municipal level trained the local level. Promoters and facilitators received intensive, specialised training based on their professional education. Training manuals that had been designed during the programme pilot phase and continually updated were used during the training.

To ensure a multi-sectoral approach, coordination between the Ministries of Education and Health – which had anyway been continually strengthened since the revolution – was consolidated for implementation of the Educate Your

Child programme. The programme was implemented as part of a broader National Action Plan elaborated in 1991, which involved all of the bodies of the central administration of the state. By 1999, 43% of facilitators and 30% of promoters in the Educate Your Child programme were health professionals.

#### **Evaluating the programme's impact**

Initially, a field study had been carried out from 1983 to 1987 to apply the new Educate Your Child methodology in a programme for children under the age of 18 months; 92 children from rural and marginal urban families participated in the study, half of them in a control group. The results of the research demonstrated the methodology's positive impact: the experimental group showed statistically significant better results in all areas of development (cognitive, emotional, communication, motor, and habits) than the control group.

The next phase of the pilot programme took place between 1987 and 1992. The sample group studied was composed of 3852 children under the age of 5 years and the methodology tested included two models: individualised work for children under the age of 2 years, with in-home sessions; and small group work for children between the ages of 3 and 6 years and their parents or caretakers. Once again, the results demonstrated the programme's positive effect on the children's

development and on training families in how to stimulate children, an effect that was seen for all age groups and areas of development.

As the programme scaled up, evaluations were carried out in 1994 (looking at 16,000 children) and 1999 (looking at 48,000 children). The 1994 evaluation identified certain deficiencies that needed to be corrected, including lack of participation by members of local coordinating groups; irregular participation of certain families;

their relationship with and attitude towards their children had changed positively, and 96.3% recognising the importance of play in children's development. Nevertheless, it was felt that certain results could still be improved, especially with regard to children's intellectual development, family participation, multi-sector coordination, and continuity of participation of programme promoters and facilitators.

There is, unfortunately, no research establishing the effects of the

### Lessons and challenges

One lesson among others offered by Educate Your Child is that it is important to integrate health and education programmes in a universal early human development programme. Integration required the training of health and education professionals in child development (health, learning, and behaviour), the formation of integrated health and education working teams, and the provision by community polyclinics and family doctors of healthcare and development services during pregnancy and the entire early child development period.

The strengths of Cuba's social and political system, summarised below, also facilitated the execution of the Educate Your Child programme:

- a stable political system, long-term strategic child development plans, and ongoing financing of social policies and programmes in the areas of health and education
- values that give priority to social equity and child development
- free, participatory, universal, decentralised, preventive healthcare programmes
- a high number of health and education professionals per inhabitant
- the eradication of illiteracy
- active participation of universities, teaching institutes, and research centres in the design and implementation of social policies and child development programmes

### Ongoing monitoring of child development is a fundamental characteristic of the national child development system.

absence of differentiated training for promoters, facilitators, and other participants to meet children's specific needs, especially in the 0–2 age group; and insufficient training and preparation for staff working at the local level to promote and take advantage of communities' potential.

The 1999 evaluation showed new advances in children's development and family participation in comparison with the 1994 evaluation. The percentage of children with satisfactory results in all areas of development increased from 53.2% in 1994 to 87.8% in 1999. The 1999 survey found 84% of parents reporting that

programme on school performance. It is well established that Cuban children in general have low rates of school retention and high levels of completion through the last grade of primary school, and UNESCO studies in 1998 and 2008 show that Cuban children's academic performance in primary school on language, mathematics, and natural science tests is significantly higher than that of their counterparts in the region. However, no research has yet separated out the contribution of the Educate Your Child programme from the contribution of other features of the Cuban education and health systems.

- political–administrative decentralisation of the state
- a high level of social mobilisation
- contribution of the media to health and education programmes.

In addition, the Educate Your Child programme itself has unique strengths:

- professional level of promoters
- well-designed training plans with regard to conceptual framework, objectives, strategies, and training manuals
- monitoring and impact evaluation system and tools
- interdisciplinary research teams with the capacity to develop scientific innovations in the area of child development
- high level of coordination between formal and non-formal early education programmes
- high level of participation by family doctors, nurses, and volunteers from community-based organisations on programme facilitator and promoter teams.

Difficulties encountered include passivity in decision making on the part of community representatives, constant rotation of the members of coordinating groups meaning a continuous loss of experience, and the community's lack of experience with multi-sector efforts. The response to such issues is to provide ongoing training to increase the level and quality of local participation.

The programme has been in operation for almost 20 years, so we can conclude that its model

is sustainable. The programme's sustainability is based on its integration with the multi-sector service network and on social empowerment: the driving force behind the programme comes not only from the agencies of the central administration of the state but also from people's organisations, local councils, communities, and families.

However, its sustainability faces the broader challenges that Cuba itself is facing. Notably, questions about the sustainability and quality of the Educate Your Child programme are raised by tensions between the pursuit of economic growth and social well-being, between centralisation and decentralisation of the government, between the country's socialist identity and the influence of globalisation and consumerism introduced through tourism and the internet, and between the public and private sector labour markets.

#### **Can the methodology be replicated elsewhere?**

Cuba, of course, has certain characteristics that set it apart from many other countries: it has only one political party; it had only one president between 1960 and 2006; the Cuban parliament is the main element of the political system; its social machinery is designed around the idea of advancing child development; and its recent history is marked by its revolutionary process and unique identity on the national and international geopolitical scene.

Can the Educate Your Child methodology be replicated on a large scale in other countries whose characteristics are different? In fact, the programme already has been replicated in several countries, with the guidance and technical assistance of CELEP (*Centro de Referencia Latinoamericano para la Educación Preescolar* – Latin American Preschool Education Reference Centre), an institution under the Ministry of Education that promotes and coordinates technical and scientific

Ecuador's *Programa Creciendo con Nuestros Hijos* model adopted different strategies. One notable aspect of PIM was the participation of the secretariats of health, education, culture, and justice and social development, giving the programme a multi-sector and comprehensive character with regard to child development services. What stands out in Ecuador is local participation and the formation of management committees.

More research is needed on comparing the implementation of

the most significant experiences in the field of early childhood development, and it serves as an example to the international community of how to close the gap between what we know and what we do in the realm of child development.

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Tinajero, A.R. (2010) *Scaling-up Early Child Development in Cuba – Cuba's Educate Your Child Program: Strategies and lessons from the expansion process*, Wolfensohn Center for Development Working Paper no. 16. Washington, DC: Brookings Institution. Available at: [http://www.brookings.edu/papers/2010/04\\_child\\_development\\_cuba\\_tinajero.aspx](http://www.brookings.edu/papers/2010/04_child_development_cuba_tinajero.aspx) (accessed October 2011).

It is important to integrate health and education programmes in a universal early human development programme.

efforts in pedagogical science dealing with the first years of life.

CELEP's purpose is to promote the development of Cuban, Latin American, and Caribbean teachers and to design and execute early education programmes at the postgraduate level. CELEP has supported the implementation of the Educate Your Child programme in Ecuador, Chile, Brazil, Mexico, Venezuela, Colombia, and Guatemala. The idea is not to reproduce the elements exactly as they exist in Cuba but to adapt them to local realities and needs.

For example, Brazil's *Programa Primeira Infância Melhor* (PIM) and

the Educate Your Child methodology in different countries. UNICEF and Ana María Siverio are currently carrying out such a study in Ecuador, Brazil, Guatemala, Colombia, and Mexico. This should help to clarify the lessons that Cuba's early childhood development programmes can provide for international programmes and development agencies (in particular, joint efforts by government ministries that focus on prevention and cover both healthcare and social determinants that affect health).

However, it can already be said that universalising the Educate Your Child programme constitutes one of

## Success factors in an integrated early childhood development policy

Paula Valenzuela Delpiano, Coordinator of the Mass Educational Programme of *Chile Crece Contigo*, and Miguel Cordero Vega, Division of Disease Prevention and Control of the Chilean Ministry of Health, Santiago de Chile

**In March 2006 the newly elected President of Chile, Michelle Bachelet, mandated a Presidential Advisory Board for Early Childhood Policy Reform to propose a comprehensive system for the care and education of young children. The programme based on the board's recommendations, *Chile Crece Contigo* (ChCC – 'Chile is Growing with You'), began in 2007. This article considers the factors that contributed to its effective nationwide implementation and lessons that could be learned in other countries.<sup>1</sup>**

*Chile Crece Contigo* had some solid foundations to build on: by 2006, policies on child nutrition, antenatal healthcare, and immunisation had led to Chile having the lowest childhood mortality rate in the Latin American region. However, there was little coordination between sectors and great inequality – children from lower-income families were much less likely to access early education. The 2006 National Quality of Life Survey showed that nearly 30% of Chilean children were not reaching all their expected development milestones, while the Gini coefficient – a measure of inequality within nations – showed that only 15 nations in the world were more unequal in 2006 than Chile.

To quote presidential candidate Michelle Bachelet's manifesto for government, *Estoy Contigo* ('I'm with you'):

Equality or inequality arise in early infancy. To make Chile into a more egalitarian, fair and safe country, we need policies that provide and reinforce equal opportunities open to people from the very start. To

do away with the differences in children's backgrounds and build the foundations of a safer society, we will make early childhood a basic priority.

On her election, President Bachelet mandated an advisory board consisting of 14 experts with wide-ranging political views to 'produce a diagnosis of the current situation and propose a series of policies for implementing a childhood protection system'.

The board carried out 46 hearings in 2 months with national and international experts, social organisations, institutes of education, professional associations and civil society groups. Any Chilean organisation could submit proposals, and individuals could add their opinions via a website which attracted 22,000 contributions from adults and 11,000 from children. Hearings were held in Chile's 13 regional capitals to pinpoint local issues. In June, the board published its proposals in a document entitled *El Futuro de los Niños es Siempre Hoy* (*Children's Future is Always Today*) (Mistral,

2006), which formed the backbone for the *Chile Crece Contigo* programme announced by President Bachelet in October 2006.

The ChCC programme was initially intended to be implemented in three phases. In the event, the roll-out happened in two phases: first in 161 of Chile's 345 communes in 2007, and then to the remaining communes in 2008. The choice of the first wave of communes was based on the good performance of maternity services in their public hospitals, ensuring that the first implementation built on the strongest foundations before reaching out to areas where the existing infrastructure was weaker.

In each commune, a supervisor nominated by the mayor coordinates the 'ChCC Basic Network' comprising representatives from local health and education institutions and a communal representative. Each sector has a specific mission: the health sector monitors expectant mothers and children, looking for risk factors such as poverty and developmental delays which necessitate referral to other ChCC services; the primary education sector is charged with ensuring access to quality crèche care (age from 0 to 1) and nursery school (age from 2 to 3) for children from low-income families; and the municipality ensures that low-income families can access

It was explicitly a priority for the country's highest political authority to drive *Chile Crece Contigo* forward.

#### **An integrated, cross-sectoral system**

ChCC is aimed at children and their families from pregnancy through to when the child joins the education system, at the age of 4. The service is universal, but with additional assistance set aside for those from lower-income groups. Its model is centrally designed but implemented by municipal governments, who are given the flexibility to adapt to local conditions with technical and financial support from provincial and national networks.

other services including financial subsidies and programmes for housing, employment and training.

Together the Basic Network analyses the situation of their commune's young children, draws up a register of available services, and sets up a joint work plan to decide how resources are to be invested. Many ChCC services have been provided for years at some of Chile's health centres, such as home visits to at-risk families and parenting skills workshops – what ChCC does is define quality standards to roll these

services out to the whole population. Communes have the flexibility to decide which intervention models best suit their context, such as play centres linked to health centres, a mobile ‘doctor’s round’-type service of child stimulation practitioners in remote areas, or additional training for local early years workers.

Each year, when a work plan is presented, resources are delivered from the national level through communes. The national Ministry of Planning (MIDEPLAN) is responsible for coordinating the system as a whole through a Committee of Ministers for Early Childhood representing the Ministries of Health, Education, Employment, Justice, Housing and Town Planning, Treasury, the Presidency General Secretary’s Office and the Women’s National Service. Between the national and communal levels, networks at regional and provincial levels offer financial and technical support.

#### **Success factors in cross-sectoral cooperation**

Integrated programmes stand or fall on the quality of interaction between different sectors, which naturally each have their own priorities. This can entail profound transformations in processes and organisational culture which can put severe pressure on the way sectoral institutions are used to working. We can identify five main ways in which ChCC overcame these inevitable stresses.

- 1 The advisory board’s report recognised how pivotal it would be to designate a suitable lead agency that could ‘work coherently and in a network with all other sector institutions on childhood issues’. Their recommendation of MIDEPLAN was based on its ‘non-sector nature and its increasing experience in managing social networks’. MIDEPLAN controls the budget for ChCC, which is allocated to sectoral institutions for them to deliver the actual services. This ensures a clear line of administrative responsibilities and accountability.
- 2 It was explicitly a priority for the country’s highest political authority to drive ChCC forward. While there is a danger in over-personalising any structural reform, the political will of top leadership should not be underestimated in kick-starting policy formation and following through with implementation. Institutions working directly with childhood issues were encouraged to see ChCC as a recognition and vindication of their existing good work, and the constant emphasis of ChCC’s ultimate goal – to generate a greater degree of social mobility – encouraged them to see cross-sectoral work as an opportunity rather than a threat. This also ensured that for institutions in other sectors whose cooperation was necessary, failure to support ChCC became a political embarrassment.



*Chile Crece Contigo* is aimed at children and their families from pregnancy through to when the child joins the education system, at the age of 4.

Photo: Courtesy Chile Crece Contigo programme



country, and the [crececontigo.cl](http://crececontigo.cl) website, providing information and advice on childhood development by stages, educational materials and games for parents and practitioners to download, discussion forums for parents, and so on. This nurturing of bottom-up demand for integrated early childhood services creates further pressure on sectoral institutions to work well together.

#### Lessons for other countries

The complexity of the *Chile Crece Contigo* model contributes a wealth of experience for developing childhood-focused policy in Latin America, and contains many components that can be adapted to suit a range of circumstances. Three basic features are, however, key: an over-arching programme to deliver comprehensive care and psychosocial support through the whole early childhood period; basing the system on guaranteeing rights to which all citizens are eligible; and a model of transfers of money with conditions attached.

Implementing such an integrated system requires standardised processes, to enable broad coverage of quality basic services: a single beneficiary record system and administrative management tool that enables reporting and accountability between sectors; a monitoring and assessment system to monitor the programme's impact and make adaptations as required; the political will to drive administrative efficiency; and a body

- 3 Something that might seem like a minor detail but that proved to be important is a corporate brand image for ChCC. All institutions within the system use the same ChCC logo, alongside their own corporate identities. This simple act has enabled the public to identify the various actions by different sectors as part of the same overall policy. As the ChCC logo was also seen as a guarantee of quality, it became a badge of honour that institutions aspired to be allowed to display.
- 4 An extremely important factor in making the job of cross-sector coordination easier was the creation of a single information system. Pregnant women are registered as

they join ChCC, and their children tracked until they enter the school system. The single information system makes it easier to identify children at risk and ensure they are referred quickly to appropriate support services, as well as helping to gather statistics for monitoring the system and to inform future decision making.

- 5 Finally, ChCC set out to build a broad base of support for its objectives through a public awareness strategy to explain the importance of early childhood development. This includes *Crececontigo TV*, which broadcasts educational programmes in waiting rooms in health centres across the

with the administrative and political ability to coordinate the sectors involved. Effective communication strategies to address workers in each individual sector are also crucial, as integrating childhood policies involves changing the paradigms by which the people operating within each sector are guided, and this inevitably produces a complex set of concerns.

Communication strategies are also needed to manage public expectations. It is important to emphasise that a system such as the one described here

Last but not least, it is inevitable that no social policy will get it right first time. The initial design must build-in the capacity for a constant process of improvement as new ways are found to simplify processes and focus management more effectively on the end users. It is necessary to use participatory approaches, facilitate communication between participants and ensure transparent monitoring of resource allocation if an integrated early childhood policy is to sustain its impact over time.

A single information system makes it easier to identify children at risk and refer them quickly to appropriate support services.

is normally implemented gradually. There will be an unavoidable period of adjustment, varying by region, during which people's expectations are raised but progress may not happen as quickly as they would wish. Setting milestones can help to demonstrate partial progress along the way.

Another factor which needs attention is the human resource base. Programmes for integrated childhood development need a pool of people with a high level of specific knowledge. Cross-sector work requires well-qualified personnel at degree level and above to provide specialist technical back-up. Skills training should not be underestimated.

#### Note

- 1 This article is adapted from *Factors in Designing Public Policy For Early Childhood: Taking Chile as a case study* by Paula Valenzuela Delpiano and Miguel Cordero Vega (2009).

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# Early childhood educational policies and programmes in Peru: challenges and prospects

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**The new government of Peru, elected in July 2011 and led by Ollanta Humala, has promised to prioritise early childhood policies. In this article Santiago Cueto looks at Peru's experiences so far in delivering early childhood coverage at scale, and draws four key lessons which can apply to future ECD coverage not only in Peru but also in other countries.**

These are exciting times in Peru for young children. Civil society has organised itself into a group of more than 50 institutions under the slogan '*Todos con la Infancia. Vota por la Niñez ¡Ahora!*' ('Side by side with children. Vote for childhood now!')<sup>1</sup>. The initiative *Inversión por la Infancia* (Investment for Early Childhood)<sup>2</sup>, supported by the Bernard van Leer Foundation, is also organising events and compiling an information barometer providing valuable data. These initiatives have led to commitments in favour of early childhood policies on the part of political leaders from local to national level.

President Ollanta Humala, elected in July 2011, has pledged the necessary resources to achieve specific targets on early childhood by 2016. The Prime Minister recently affirmed to the Congress of the Republic that he is committed to the National Educational Project (*Proyecto Educativo Nacional*, PEN), produced by the National Education Council<sup>3</sup> which states that early childhood should be a national priority.

This article looks at Peru's past experiences with early childhood programmes and policies, notably

*Wawa Wasi* (ww)<sup>4</sup> a national programme focusing on boys and girls aged between 6 months and 4 years who live in poverty. It distils four key lessons that can be learned from Peru's experience to inform policy development in the future, and will also be applicable in other country contexts.

## 1 Don't decentralise prematurely

In common with many other developing countries, Peru embarked on a process of political decentralisation a few years ago. The government decided that management of ww, like various other programmes, should be handed over to provincial municipalities. This, however, was not a success – many municipalities did not want to take on responsibility for the service, as they did not feel ready for the job. As a result, only a few wws were transferred and the process has finally been halted while the new government tries to define a clear policy.

This experience demonstrates how sometimes the ends of decentralisation can be confused with the means. ww is run by the Ministry for Women and Social Development (MIMDES) with the collaboration of a Management Committee in each community, which

It should be the state's job to make sure that all initiatives fulfil the minimum quality requirements, and to oversee that there are no shortages for specific groups.

Photo: Paolo Aguilar/*Niños del Milenio*

is responsible for supervision and for making the necessary payments to the mothers looking after the children and to local suppliers of services such as meals. So, one of the main objectives of decentralisation, leaving decision taking to users, was to a large extent already being achieved. The policy of transferring management to provincial municipalities as an end in itself did not appear to do either the children or their families any favours. (*Niños del Milenio*, as the Young Lives long-term international study is known in Peru, has carried out a study on the topic (Guerrero and Sugimaru, 2010))

## 2 View the state's role as facilitator, as well as provider

Good-quality, free state education is a principle enshrined in Peru's constitution, and is widely seen by the population as a right. However, this principle is frequently not adhered to, as lack of funds obliges primary school teachers to appeal to parents for the resources to pay for educational materials, uniforms, meals, etc.

Given the shortcomings in practice of the state's role as provider of educational services, it would be appropriate instead to regard the state as a facilitator and articulator of initiatives. There are successful examples of the state supporting services that are privately provided, such as the programme of *Fe y Alegría*, a religious institution that provides infrastructure and management while the state pays for teachers' salaries.



Costs of other activities, such as teacher training, are shared.

This approach has the potential to be more widely applied. Various companies and institutions have requested knowledge transfer from the *Wawa Wasi* programme for organising their own childcare services, free of charge, for their staff or for families in the towns where they are based. There are also dozens of programmes for low-income families run by NGOs and philanthropic associations. However, the state frequently fails to provide the facilities for these programmes to work.

It should be the state's job to make sure that all initiatives fulfil the minimum quality requirements, and to oversee that there are no overlaps

between programmes, or shortages for specific groups. In this way the state can most effectively implement the principle that public education should be free, but also of good quality for everyone, with greater investment made for children who have traditionally shown the lowest educational performance (in Peru, this would be children from rural, indigenous areas and from poor families).

## 3 Measure progress to enable programmes to be improved

Supervising implementation and assessing impact should be essential tools for any social programme, in order to justify investment and improve

services. Programmes should include mechanisms for measuring their impact right from the design stage. Unfortunately, impact assessment is not common practice in Peru. For example, while a series of studies has compared children participating in ww with non-participants, the groups are so different and the statistical adjustment of these differences is so poor that it is difficult to know if the results can be attributed to the programme's effect or to the particular characteristics of the children and their families.

There are some exceptions, and they suggest that ww is in need of some rethinking. For example, a study by *Niños del Milenio* attempted to produce an analysis of equivalent groups, although the sample was very small. The results suggest that while mothers and fathers are very appreciative of the programme, insofar as their children are safe and given food, no differences were found between the cognitive, language and motor development of children attending a ww and those who did not. This suggests that the programme needs to be improved if wws are to function as centres for promoting early childhood development, rather than merely day care nurseries (Cueto *et al.*, 2009). However, this was a relatively small study; we need more rigorous and larger studies that help improve the programme.

With regard to interventions between the ages of 3 and 5 years, another study by *Niños del Milenio*

suggests that formal interventions by professional teachers have more impact on educational success at the start of primary school than non-formal interventions led by mothers in the community, under the so-called Pre-School Early Education Programme, or PRONOEI (Díaz, 2006).

In measuring progress, it is important to directly measure children's cognitive, language and socio-emotional development, as these can predict success at school, health, and economic productivity right through into adulthood. It is not enough to rely on traditional measures of achievement in early childhood – infant mortality, chronic or acute malnutrition, vaccination rates and morbidity – as proxies. Current direct measurement initiatives include the Early Childhood Development Regional Indicators (PRIDI) produced by the Inter-American Development Bank, which is currently working on tools for measuring childhood development in boys and girls aged between 2 and 5 years on a national scale in Costa Rica, Ecuador, Nicaragua, Paraguay and Peru.<sup>5</sup>

#### **4 Nominate a lead agency with 'teeth'**

In Peruvian mythology, Inkarrí is a god who was dismembered by Spanish conquistadors and buried in different parts of the country. But the head stayed alive, and attempted to reunite the body parts. This metaphor is relevant for what currently needs to

happen with early childhood policy in Peru, as various ministries have tended to develop and run their own programmes without a great deal of coordination with others.

For example, while *Wawa Wasi* is the responsibility of MIMDES (along with some other early childhood programmes covering issues such as nutrition and rights), the Ministry of Education runs a number of programmes aimed at early childhood, including practical child-rearing sessions with parents, stimulation rooms, playgroups and crèches. The Ministry of Health is also in charge of some early childhood programmes, such as the Growth and Development (CRED) scheme. Each ministry must then request resources from the most powerful of them, the Ministry of Economy and Finances.

Current literature suggests that the best way of promoting early childhood development is by integrating educational, health and nutrition programmes and by getting parents and community leaders involved in delivering the service. Recently the Ministry of Development and Inclusion has been created to work towards reducing social inequality, and this will take over some of the early childhood schemes, but a number of institutions – such as the National Education Council of Peru – have suggested that a national authority for early childhood should be set up to bring policies into line and give real priority to the sector. This authority should not be merely

symbolic, since similar initiatives that aimed to promote coordination have failed. It should have ‘teeth’ – the power to approve coordinated budgets, and to plan programmes implemented by the various ministries in such a way that they generate synergy.

The recently elected government led by President Ollanta Humala has announced the creation of a scheme called *Cuna Más*, but at the time of writing the full design has not yet been announced. There seem to be at least three options:

- 1 Create a new, integrated early childhood care service, running parallel to other existing services.
- 2 Design an early childhood strategy that coordinates and reinforces existing services, without setting up a new one.
- 3 Design a new strategy and a new service.

The second and third strategies would achieve a fundamental objective for today’s Peru, which is to coordinate the public programmes run by different government ministries. The second alternative is arguably preferable, although the third is more likely to be chosen, as *Cuna Más* featured heavily in election campaign pledges and the country will be expecting to see a service with brand new features and not just a new strategy.

Whichever method is chosen, *Cuna Más* should look something like this: work in the country’s poorest districts would be emphasised; care for children up 36 months old would

be prioritised; the service provided would be integrated care and not just a crèche; and service provision would respect local cultural characteristics (for example, adapting it to indigenous rural contexts). The government has formed a working party with representatives from the various ministries involved in early childhood programmes, international cooperation and civil society to help focus *Cuna Más*.

This indicates the current interest in addressing children’s welfare as a national priority. It remains to be seen over the coming years how and to what extent current pledges are turned into coordinated policy, programmes and investment – but we are hopeful that with everyone’s participation and with international cooperation, it will be possible to improve the welfare and development of boys and girls in Peru.

#### Notes

- 1 More about this campaign can be found at <http://votaporlaninez.blogspot.com> (in Spanish).
- 2 Visit the *Inversión en la Infancia* website at <http://www.inversionenlainfancia.net/> (in Spanish).
- 3 The PEN is described on the website of the *Consejo Nacional de Educación*, <http://www.cne.gob.pe> (in Spanish).
- 4 For more information about the *Wawa Wasi* National Programme, visit [http://www.mimdes.gob.pe/index.php?option=com\\_content&view=category&layout=blog&id=90&Itemid=150](http://www.mimdes.gob.pe/index.php?option=com_content&view=category&layout=blog&id=90&Itemid=150) (in Spanish).
- 5 The conceptual framework of PRIDI can be found at: <http://idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=36258208> (in Spanish).

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Joan Lombardi, Washington DC, USA

**A widely recognised expert in early childhood, Joan Lombardi until recently served as Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development for the Administration for Children and Families under the US Department of Health and Human Services. Here she shares her thoughts on five factors that have contributed to the success of the Head Start programme in the United States and could help other countries as they take early childhood programmes to scale.**

After more than four decades of operation, the United States Head Start programme has experienced its share of success and challenges. It has moved from primarily a summer programme serving about 500,000 in 1965 to a mix of part-time and full-time, part-year and full-year programmes that serve almost one million young children (Office of Head Start, 2010). The good news in this story is that Head Start has been sustained for more than 45 years, and has affected the lives of more than 28 million young children. The challenges have included the balancing of programme expansion with quality, making hard choices about the number and ages of children served, the programme design, and the need to respond to the changing circumstances of families and the emerging landscape in early childhood.

Since those early years of Head Start, the interest in early childhood globally has increased dramatically, from the establishment of the Education for All goal which recognised that learning begins at birth (UNESCO, 1990), to the more recent report on the social determinants of health (Commission

on the Social Determinants of Health (CSDH), 2008). Today there is growing recognition of the importance of the early years to long-term health, development and learning. Yet, given the estimates that more than 200 million children under 5 from low- and moderate-income countries are not attaining their developmental potential (Grantham-McGregor *et al.*, 2007), the need to scale-up early childhood programmes remains a serious and immediate need that must be addressed.

The promising news is that around the world we see countries developing national plans for early childhood, bringing ministries together, and attempting to take small community-based efforts to scale. We are learning more and more about common lessons for scaling up, based on practices around the world (Hartman and Linn, 2008). Research and evaluations have begun to better document what we know about programme design and implementation, yet we still have a long way to go.

While the context for going to scale will vary from country to country,

there are important lessons that have emerged from the Head Start experience that may shed some light on the scaling of early childhood programmes. In that spirit, the following five lessons are shared in the hope that they will add to the conversation, considerations and decisions that are taking place around the world as we move forward to secure the foundation for young children.

### **1 Promoting child development takes an integrated approach and clear expectations**

From its inception, Head Start was based on the concept that programmes for vulnerable young children must be comprehensive, involving health, social services and education (Cooke, 1965). This integrated approach was built on sound developmental principles that recognised the whole child in the context of his or her family. In turn, the family was seen as a member of a community, with conditions and supports that affected their overall well-being. This vision has stood the test of time as the integrated nature of development has been reinforced by more recent research from neuroscience.

The comprehensive approach to service delivery is one of the key elements in Head Start's success. Health services focus on activities such as screening, referral and follow-up, and health education and promotion (including nutrition and dental and mental health). Education services

include programming to address the core domains of development through group or home-based settings. Family services focus on strengthening the parent-child relationship, family engagement and decision making, parent education, and linkages to family supports, among other services. Children with special needs are integrated into all programmes.

As countries move to take early childhood programmes to scale, they should consider designing programmes that recognise the link between health and education and address the needs of both children and families – for example, building early stimulation and parenting into existing nutrition services, or health and family services into preschool programmes. Such an approach is both developmentally appropriate and cost-effective in the long run.

Over the years, Head Start has stepped up efforts to outline clear expectations for what we want children to know and do while in the programme, and goals and activities for families. These expectations have been refined over time, as new knowledge and understanding have emerged about how children learn and develop, and how to engage and support families most effectively. While general goals for children and families were included in early policy documents, it was not until the year 2000 that Head Start developed an outcomes framework for children, which has recently been updated.



Programmes select and implement curriculum and assessment practices to meet these outcomes. While family involvement has always been a core ingredient in the programmes, recent efforts have further delineated expectations through the development of the family outcomes framework (see box).

Around the world, early learning and development standards are emerging to help guide early childhood programmes. This is an important step forward as countries move to scale-up programmes. Given that families within programmes and across communities often represent a range of cultures and languages, as the number and types of programmes grow, the richness of this diversity should be reflected and respected in our expectations for children and families.

## 2 Programme standards, data and monitoring provide the foundation for accountability and continuous improvement

While guidelines were developed for programme operation in the 1960s, it was not until the first evaluation of Head Start that a wave of improvement and innovation led to the development of programme performance standards. Developed in the early 1970s, these standards were updated and improved in the 1990s to reflect the expansion of services to younger children (prenatal to age 3) and the latest scientific evidence. The Head Start Program Performance Standards outline

the core requirements that all local programmes must meet to assure appropriate developmental services and sound fiscal and programmatic administration. These performance standards have become the core of what defines a Head Start programme. While the initial design of a centre-based model has evolved to include a home visitation model, a family childcare model (small groups in a home setting), and local options or combinations, there are common standards across programme types and variations based on programme design and age of child.

Along with the performance standards, Head Start programmes are required to complete an annual Programme Information Report (PIR) which documents the services provided to children and families throughout the year. In more recent years, there has been a renewed emphasis on collecting and using data on children's progress through formative assessments that align with curriculum, and on observing and improving teacher-child interactions. The results of these assessments are used to improve practice.

The performance standards and data collection form the foundation of the monitoring system which assures programme accountability. Every 3 years, programmes receive an in-depth, on-site monitoring visit. In addition to these triennial reviews, recent efforts have been made to take a closer and more intense look at the

### Head Start parent and family engagement outcomes

- *Family well-being* Parents and families are safe, healthy, and have increased financial security.
- *Positive parent-child relationships* Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.
- *Families as lifelong educators* Parents and families observe, guide, promote and participate in the everyday learning of their children at home, school and in their communities.
- *Families as learners* Parents and families advance their own learning interests through education, training and/or other experiences that support their parenting, career, and life goals.
- *Family engagement in transitions* Parents and families support and advocate for their child's learning and development as they transition to new learning environments, including Early Head Start (EHS) to Head Start (HS), EHS/HS to other early learning environments, and HS to kindergarten through elementary school.
- *Family connections to peers and community* Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhance social well-being and community life.
- *Families as advocates and leaders* Parents and families participate in leadership development, decision making, programme policy development, and in community and state organising activities to improve children's development and learning experiences.

Source: Office of Head Start, Administration for Children and Families, US Department of Health and Human Services, 2011

services provided, by reviewing all relevant programme data annually. In addition, a new initiative has been proposed to re-compete grants in communities where programmes are not providing quality services, opening up the programme to new providers to assure the best services for children and families.

Taken together, these experiences in Head Start provide important lessons for scaling-up early childhood programmes. They point to the need to establish programme standards as early as possible in the process, and a data collection and monitoring system that can assure quality as programmes expand. While local flexibility has also been a key to success, without a sure road map to quality, scaling-up efforts can result in an expansion of services without sufficient controls to assure effectiveness.

### **3 Training, technical assistance and support for staff are keys to quality**

We know that the adults in a child's life are the most important influence – including both parents and teachers. Head Start has attempted to balance the need to ensure that staff represent and reflect the communities they serve and at the same time have increased training, credentials and support. Assuring adequate qualifications and compensation has continued to be a challenge. Requirements for specific credentials have grown over the years, moving from limited specified credentials, to an assurance that every

classroom will have at least a teacher with a Child Development Associate Credential (basic competency), to more recent requirements that move in the direction of increasing the percentages of classrooms that have Bachelor degrees (4-year post-secondary) in early childhood development.

In order to balance expansion and quality, funds have been set aside in various versions of the Head Start legislation which provide a certain amount of funding for training and technical assistance and for quality improvements including compensation. The training and technical assistance system includes direct support to programmes to purchase local training tailored to their needs, along with national resource centres and state-wide networks of support. Despite these efforts, programmes struggle to recruit and retain qualified staff, particularly where other options for higher salaries are available in a community.

As countries scale up across multiple sites, it is essential to provide a technical assistance and training system for staff. This calls for investment in the capacity of the higher education system to train the early childhood and family support workforce and the development of a set of competencies and a credentialing system. Scholarships must be provided to assure that staff can take advantage of these opportunities and attention must be paid to improving

compensation so that a career in early childhood development becomes a core part of the human infrastructure in a country.

#### **4 Continuity and adequate ‘dosage’ are important for long-term success**

When early childhood programmes go to scale, there are a number of programme design elements that must be decided, each of which has a consequence for the number of children who can be served given the funding available. Choices have to be made about what age children to serve, for how many hours a day, and for how many days a year. The number of hours and days children are in a programme can be referred to as the ‘dosage’. There is growing research evidence that the amount of time that children spend in a programme has an impact on its effectiveness, particularly if it is a quality programme.

When Head Start began, it was conceived as a summer programme to take place in the year before children entered their first year of school. It became increasingly clear that such a short-term approach would not have lasting impacts. Over time more programmes moved to a school year schedule, with most children attending for one year at age 4. However, in more recent years there has been an increase in the number of 3 year olds attending the programme and a growing recognition that more than one year of service is needed to sustain the gains. With the advent of

Early Head Start in the mid-1990s, the programme expanded to serve children and families during the prenatal through age 3 period, yet programme expansion has been slow, given limited resources.

In the USA the call for high-quality programmes that serve children at risk during the prenatal to age 5 period has become the focus of recent policies (US Department of Education and US Department of Health and Human Services, 2011). Moreover, given the achievement gap, there is growing recognition that, to sustain the gains, we must assure continuity of quality services as children transition into the early grades of school.

Scaling up often leads to trade-offs. Should more children be served with a programme that is of shorter duration? At what age should services begin? What is the best approach to sustaining the gains? These are difficult choices that must be made in the context of all the services available to children in the community and the particular needs of families. Programmes can be built out from a preschool programme that can serve as a hub for comprehensive services for children in the 0–5 age range in the community. At the same time, home visiting programmes can be scaled-up for infants, given the importance of the early years, and preschool programmes added. Whatever choices are made, assuring some level of quality with supports for staff, standards and monitoring are key elements to success.

Over the years, Head Start has stepped up efforts to outline clear expectations for what we want children to know and do while in the programme, and goals and activities for families.

Photo: Courtesy Gila River Head Start



### 5 Scaling builds over time and takes continuous improvement and political will

After 45 years, Head Start is still serving less than half the eligible preschool children in poverty and only about 5% of the eligible infants and toddlers. The Head Start experience demonstrates that scaling-up an early childhood programme does not happen overnight; rather it is often a gradual process developed over time. Every step along the way matters, as one step often leads to another. Along with attention to core infrastructure, scaling up requires both a continuous improvement system and political will.

Over the years a number of evaluations have been conducted on Head Start and Early Head Start, as well as regular legislative reviews. The evaluations and programme reviews have led to continuous improvement efforts that have helped move the programme forward. For example, the Congressional reauthorisation of 2007, and the results of the Head Start Impact Study (2010), intensified efforts to improve classroom practice and to work with local schools so that the gains made in Head Start could be sustained. Scaling-up efforts should embrace evaluation and review as a core element to success.

Finally, while progress has seemed slow given the tremendous need for services, the Head Start programme has been able to expand and improve because of the bipartisan support it has received in Congress over more than four decades. While there are

many reasons for this support, one of the keys to this success has been the strong involvement and voice of parents and other community members who are most directly affected by the programme. The lessons for other countries are to ensure that, whatever programme is being scaled-up, there is widespread and non-partisan ownership of the programme by parents, community, business and policy leaders. Such shared ownership can help us continue to make progress so that someday we will see scaled-up quality services for children and families throughout the world.

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An interview with Naomi Eisenstadt

## 'If we'd scaled up more slowly, Sure Start might now be dead in the water'

**Naomi Eisenstadt was the first Director of the UK's Sure Start programme, from its inception in 1999 until 2005. She managed a rapid period of expansion: there are now over 3600 Sure Start Children's Centres in the UK, which offer a range of services to parents and to children from birth to primary age. The services include health visits, early learning, parenting support and advice on childcare and employment. In this interview she talks to *Early Childhood Matters* about how Sure Start changed as it scaled up, what was done well in the process of scaling up and what might have been handled differently.**

*Initially, the idea of community development was intrinsic to Sure Start. The first local pilot programmes set out to engage parents in defining what services their local centre should provide. As it scaled up and moved beyond the most deprived areas, where the initial programmes were located, the nature of the Sure Start service changed. Local authorities have taken more of a lead role in providing more of a standardised range of services. The late Norman Glass, the civil servant who designed the programme, regretted this and has said that political pressure for quick results was to blame: 'Community development takes time ... alas, if you want things to happen according to a strict timetable and with headline targets, then community development necessarily has to take a back seat.' Do you agree? Is there any way to generate political will for being more patient?*

Yes, I do agree that political pressure for quick results led to the downplaying

of community development as we scaled up – and no, I don't think there is any way you can hope to get politicians to be more patient. The electoral cycle is simply a fact of life. But the question assumes I agree with Norman that the loss of focus on community development was a bad thing. And actually, that's not the case.

It's painful for me to say this, because we started with the community development model and we all wanted it to work. But my view of the evidence that has emerged is that while it's great for the adults who get involved, those benefits don't necessarily transfer down to the children who are in most need.

*What proved to be the problem with the community development model?*

Almost by definition, the model excludes the most deprived. You reach the poor, but only those who want to get involved. The drug addict mother doesn't come. And if she does, the other parents don't make her feel welcome and she doesn't come again. You can't blame them – if I were a

To ensure that the whole child focus isn't lost, affordable quality childcare is needed as well as making services for parents available at times that fit in with how people live their lives.

Photo: Courtesy Andrew Wright



parent in a local programme, I wouldn't want the drug addict mother getting involved. Yet, of course, it's the drug addict mother who's more in need of help than any of the others.

Imagine a two-by-two matrix showing 'want' and 'need' – some people want the programme but don't need it, some need it but don't want it, and so on. What inevitably happens is that the staff concentrate on the parents who both want and need their help. These people are pretty poor, and they do need support. But the thing about them is they are incredibly grateful and enthusiastic, and this makes them excellent at monopolising staff time. The staff then don't have the time to think about reaching out to the

parents who need their help, but don't want it.

When politicians turn up, they see a centre that is packed with mainly mothers saying how this wonderful programme has changed their lives. Everyone forgets about the parents who aren't there.

#### *How do you reach those parents?*

Better data. The current UK government is trying to crack the problem, but it isn't easy. The health sector is where the best data exist on children before they enter school, where the most outreach to families takes place. We need to find ways of using the health sector to bring the

‘need but don’t want’ parents into contact with the other early years services that are available.

At its heart, this is a marketing issue. We need to segment the market better – there are some parents for whom a soft sell is sufficient, and some who need a hard sell. And for those who need the hard sell, it’s all about persistence. Instead of just telling parents about a group at the Children’s Centre on Tuesday mornings, we need the health visitors to be saying ‘how about I come here on Tuesday morning

*And if you had tried to scale-up a model that was more community-led, it would presumably have had the potential to lead to inconsistencies in quality, in that different communities would have wanted different things in different places? You’ve called this the ‘great aromatherapy debate’ – when parents at some Sure Start centres decided that they wanted their local programme to spend money on aromatherapy courses, to the horror of the politicians in charge.*

Almost by definition, the community model excludes the most deprived. You reach the poor, but only those who want to get involved.

to pick you up and we go to this group together?’

Once you think in terms of marketing, you realise that it’s not good enough simply to get cross with parents for not turning up to take the help that’s available. Succeeding with a hard sell is the responsibility of the seller, not the buyer. It’s the seller who has to understand the motivation of the buyer and figure out how to make persistence work.

This is something that we found didn’t happen enough with the community development model. So I no longer believe that if we’d pressed on with this model, it would have been better.

It has to be up to the local staff to get this right. You need to engage parents, or they won’t come through the door. But when you get them through the door, you then have to negotiate on their wants and needs, because sometimes you find that what they want from the programme isn’t necessarily what’s good for their children. It’s a delicate process, because one thing we do know is that simply telling people what they should do doesn’t work.

But equally, I never wanted Sure Start to be a knowledge-free zone – it’s important to acknowledge that there can be a deficit of knowledge in poor communities.



*You then get accused of trying to ‘impose middle-class values on the poor’, which was a criticism sometimes made of Sure Start – when it was initially launched in deprived areas, you actually had middle-class parents getting upset because their children weren’t eligible.*

I’m very proud of the fact that this was probably the first ever programme for the poor which the middle classes envied. It always made me laugh that we were criticised because middle-class people wanted to get their children into Sure Start. Would anyone criticise a school because it’s popular with the middle classes?

I always also felt that the thing about ‘imposing middle-class values’ is complete rubbish, because actually one thing that the middle classes tend to be very good at is getting kids through school and into good jobs. You don’t want to be too precious about this, or you deny those opportunities to kids from poorer backgrounds.

*Some critics said that, as it scaled up, Sure Start lost its focus on holistic child development and became more about getting mothers into work. How do you avoid the ‘employability agenda’ crowding out the focus on the whole child?*

I have always defended the employability agenda, because I think poverty hurts families and the best way not to be poor is to have a job.

But employability is a journey, not an event, and seen in those terms I think it’s clearly a ‘both-and’ with the whole child, not an ‘either-or’. Take adult literacy, for example – it helps you to get a job, but it also helps you to read to your children. And in terms of mental health and self-esteem for mothers, employment really matters.

Two things are important in ensuring that the whole child focus isn’t lost. One is affordable quality childcare, and the other is making services for parents available at times that fit in with how people live their lives, such as in the evenings and at weekends. Some of the hostility to the employability agenda came from front-line staff who were running their parenting groups in weekday daytimes, because naturally they have a vested interest in parents being available to come along.

*When Sure Start scaled up beyond the most deprived areas, the new centres in better areas got less funding because it would have been prohibitively expensive to offer the same coverage universally. As a result, the level of services was diluted. How would you persuade politicians that it’s worth the expense of funding the programme to the same high level for everyone?*

I wouldn’t. I think it’s a waste of money – you don’t need that all-singing, all-dancing high-level support for everyone. I think the right approach is ‘progressive universalism’, to use the

rather ugly phrase of former UK Prime Minister Gordon Brown – that is, a national network, but with the most money going to poor areas.

When you scale up in this way, however, it’s a big challenge to make sure you reach poor people who are living in better areas – because, of course, not all the poor live in poor areas. I think we do have the infrastructure in place to do this, but we don’t yet use it fully.

*With hindsight, what was the biggest failure in scaling-up Sure Start?*

Staff development, especially at leadership level. We didn’t recognise how hard a job we were asking local programme managers to do – commissioning large buildings, working to join up existing local services – these are complicated things. We had some really good people, but we found that even the most able had to get by on charm and sheer force of will. The problem is that if you’re working at local level in early years, you simply don’t have the status to command respect – I think running an early years centre is just as difficult as being a primary head teacher, but there are higher entry barriers to being a primary head teacher and they are more respected.

We should have realised this earlier and put more emphasis on training staff as we scaled up – although even with better training, one thing you unfortunately can’t do much about in

the current climate is addressing the low levels of salaries in the early years sector. Perversely, though, a silver lining of the current public sector redundancies may be that a greater number of highly qualified people now become attracted to working in the early years.

**I** We should have put more emphasis on training staff as we scaled up.

*Norman Glass has written that he thought Sure Start was scaled-up too quickly: only two local projects were up and running when the decision was made in 1999 to scale up in a big way, and he has said that he argued 'it would be better to accumulate some experience of running it first'. Did you agree?*

At the time I did agree with Norman, but in hindsight I think we were wrong and the ministers who overruled us were right. I thought they were nuts at the time to expand so quickly, but they realised that it comes back to this question of the electoral cycle – you have to seize the moment when the political will is there, because the chance may not come again.

If we'd scaled up more slowly, Sure Start might now be dead in the water. But because we scaled up quickly,

everyone got to know about Sure Start and that made it very hard to cut when the political and economic climate changed – it has had some cuts, of course, but the cuts in early years provision have not been as deep as in many other sectors. There were simply too many centres to shut them all down, and they were providing services that were widely popular. For example, 94% of families now take up their entitlement to up to 15 hours per week of free nursery education for every 3 and 4 year old. Cutting back on that entitlement would be politically unpopular.

All three major parties now see an emphasis on early years services as a vote winner. There are arguments about what and how, but not about whether. And that certainly was not the case before 1997. Sure Start has been a major part of an unheralded early childhood revolution in England that has changed both public expectation and the government's response to what should be offered to children and families between birth and the start of school.

# The scaling-up of early childhood development provision in Kenya since independence

Lynette Okengo, ECD consultant based in Kenya

**Since independence in 1963, Kenya has markedly expanded services for young children. Kenya is now recognised as a leader in ECD in sub-Saharan Africa, known for its large-scale national ECD programme that caters for a wide cross-section of children from different socio-economic, cultural and religious backgrounds. This article discusses four factors that were key in the process of scaling-up ECD provision nationally and identifies challenges that remain in ensuring quality at scale.**

Formal ECD programmes were first established in Kenya during the colonial era, in the 1940s. Initially, access to services was limited to more affluent urban residents or those living on tea, coffee and sugar plantations. Even with the establishment of preschools in rural areas between 1952 and 1957, to cater for children whose parents were engaged in forced labour away from home (Ministry of Education, Science and Technology (MOEST), 2005), access to services was still very limited.

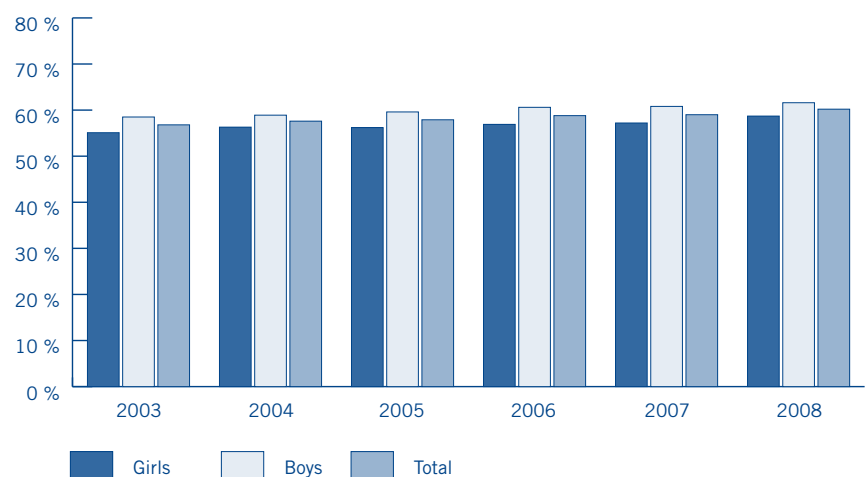
Since Kenya gained independence in 1963, however, access to early learning and care services has expanded massively. From a low base, the numbers of children enrolled in centres leapt to over 800,000 in 1990, 1.1 million in 2000 and 1.7 million in 2008. The number of ECD centres shot up to 15,469 in 1990, 26,294 in 2000 and 37,954 in 2008. Kenya's preschool gross enrolment ratio (GER) grew year on year from 2003 to 2008 (see Figure 1) to 60.2% (Ministry of Education (MOE), 2009), one of the highest in sub-Saharan Africa.

Although much still needs to be done to further improve quality in service delivery, the rapid scaling-up of Kenya's ECD programme provides some lessons in this respect that would be useful in scaling-up programmes across the region. Four factors stand out as the key catalysts in scaling-up ECD in Kenya since independence: community involvement and ownership; government involvement and support; the existence of a national decentralised training system; and strategic support by various development partners. This article will now consider each in turn.

## 1 Community involvement and ownership

The Swahili proverb *'Mkono mmoja haulei mwana'* – translated as 'one hand cannot nurse a child', a parallel to West Africa's Akan people's age-old philosophy that it takes a village to raise a child – captures the socio-cultural philosophy that underlies the collective way in which early childhood care and education has been conceptualised, planned and implemented in Kenya since pre-colonial times. The mobilisation of

Figure 1 Preschool GER by gender, 2003–2008



Source: Ministry of Education, 2009

resources for the establishment and support of community ECD centres since independence also reflects the joint self-help tradition commonly referred to as *'harambee'*, a Swahili word meaning 'let us pull together'. The *harambee* philosophy was popularised by the first President of the Republic of Kenya, emblazoned on the coat of arms and on the currency, and embraced by communities across the nation. Along with Kenyans' enthusiasm for educational opportunities in general, it provided great impetus to efforts to scale-up ECD provision.

Communities have always been involved in the establishment of ECD centres and community provision remains the largest form of ECD

service provided today, comprising 70% (Republic of Kenya, 1998) of the total number of ECD centres nationwide. It is worth emphasising that the presence of these community-based ECD centres has made the most significant contribution to expanding access to services in rural communities, where most of them are located. Communities are responsible for identifying suitable locations to set up ECD centres, and mobilising human and material resources for construction and furnishing as well as development of play and learning materials. In addition, communities are involved in the identification of teachers and payment of their salaries, and are responsible for establishing

A distinctive feature of the ECD programme in Kenya is the institutionalised and decentralised system of training.

management teams that oversee the running of centres.

The critical role of community involvement in sustainability and relevance cannot be over-emphasised. In terms of maintaining quality, however, much still needs to be done to enhance the capacity of the community management teams to effectively carry out their responsibilities. The government has recognised this and embarked on a programme to sensitise communities on ECD centre management; currently, 11% of management committees have been trained.

## 2 Government involvement and support

Even with community involvement and ownership, large-scale implementation could not have been achieved without government involvement, which has grown over time. Impetus was provided by the successful implementation of a 10-year (1972–1982) Pre-school Education Project (PEP), supported by the Bernard van Leer Foundation (Moncrieff, 1993); Presidential Circular Number One in 1980; and reports by Gachathi and Kamunge (Republic of Kenya, 1976; 1988) that emphasised the importance of quality service provision.

The national ECD system established by the government is decentralised and, within the Ministry of Education, ECD coordination occurs at all levels of government. At the national level, coordination is located in three units:

- the ECD unit of the Directorate of Basic Education, which is responsible for programme coordination, policy development, registration of centres, data collection and financing
- the ECD unit of the Directorate of Quality Assurance and Standards, which is responsible for inspection and supervision of ECD centres and training institutions, as well as the administration of examinations and certification for preschool teacher trainees, and
- the ECD section in the Basic Education Division at the Kenya Institute of Education (KIE), which is responsible for curriculum development, training and research.

At the provincial level, the Provincial Director of Education coordinates all programmes including ECD. At the district level, it is the District Education Officer who co-ordinates all programmes, but with the support of a District Centre for Early Childhood Education (DICECE) officer who specifically oversees district ECD programming and, supported by other staff, is responsible for training, curriculum development and research. At the community level, most ECD centres have management committees that oversee daily management. Decentralisation of the ECD programme has played a critical role in enhanced accountability, sustained community participation and increased access to services by marginalised communities.

Government commitment has led to the inclusion of ECD as one of 23 investments in the Kenya Education Sector Support Programme (KESSP), a sector-wide approach to planning that focuses on identified priorities developed through extensive consultation (Republic of Kenya, 2005). It has also led to leveraging of resources to finance community support grants, which have been disbursed to over 8000 marginalised and vulnerable communities to assist in the establishment of ECD centres. Although the ECD budget is still very low, the recent allocation of Ksh 387.7 million (about US\$3.9 million) by the Minister of Finance (Republic of Kenya, 2011) is a significant increase over past allocations.

## 3 Decentralised training

A distinctive feature of the ECD programme in Kenya is the institutionalised and decentralised system of training. Prior to implementation of the PEP, various actors trained preschool teachers but the proportion of trained teachers was low. In addition, the training was unregulated and uncoordinated and there was no accreditation system. This situation changed with the establishment of the National Centre for Early Childhood Education (NACECE) in 1984 as a national ECD resource centre within the Kenya Institute of Education. NACECE was initially established with the support of the Bernard van Leer Foundation and

In Kenya, communities have always been involved in the establishment of ECD centres and community provision remains the largest form of ECD service provided today.

Photo: John Matiang'i



later expanded with the support of the World Bank (1997–2003). It is responsible for coordination of the national training programme and is involved in advocacy, establishing linkages and quality assurance (Republic of Kenya, 2006).

NACECE trainers conduct training for DICECE trainers, who are trained primary school teachers with 5 years' teaching experience. This consists of a 9-month induction course that focuses on strengthening their knowledge and skills in ECD and includes three one-month residential sessions.

DICECE trainers in turn train preschool teachers in their districts through a 2-year, in-service course in DICECE training centres, involving 810 contact

hours, with teaching practice of 300 hours. It is estimated to take four school terms or six school holiday sessions (KIE, 2006). DICECE officers are also responsible for training other caregivers and ECD centre management teams.

Expansion of this training programme has led to a rapid increase in the proportion of trained teachers, which can also be attributed to training programmes offered by private institutions as well as training by institutions of higher learning. Currently, 78,230 teachers are trained, comprising 70% of the total number of ECD teachers. In an effort to raise motivation and improve retention, the government

plans to employ a large number of the teachers as from 2012.

#### 4 Strategic support by various development partners

The story of scaling-up ECD in Kenya would be incomplete without specific focus on the contribution of development partners. Much of what has been achieved in the ECD programme is attributable to the strategic financial and technical support of development partners that was targeted at ECD systems building.

Notably, as mentioned earlier, the Bernard van Leer Foundation supported the design and implementation of PEP (1972–1982), which generated empirical evidence that led to the establishment of NACECE, the ECD system within the MOE, and the national training programme. The World Bank ECD project (1997–2003) also significantly strengthened the ECD system through the construction of conference facilities at NACECE; the staffing, equipping and capacity building of DICECES; the expansion of training opportunities for preschool teachers and university students; strengthened community engagement through the training of ECD centre management teams and the provision of community support grants; the establishment of ECD centres in marginalised communities; the inclusion of health and nutrition into ECD; and strengthened partnership between government and other partners (World Bank, 1997).

UNICEF and UNESCO have also played a critical role in policy development, strategic planning, high-level advocacy and the capacity strengthening of government officers at various levels of government. Worth mentioning is UNICEF's role in supporting nationwide child and maternal health and education through various health initiatives, notably the *Malezi Bora* initiative (a Kiswahili phrase for good nurturing). Various development partners have played a critical role in supporting the expansion of services to marginalised children through innovative programmes: UNICEF (the Rapid School Readiness Initiative and the Islamic Integrated Education Programme); USAID (Education for Marginalized Children in Kenya Program); Aga Khan Foundation (Madrassa Resource Centre); and several other NGOs. Although access to services is still low in arid and semi-arid lands (ASALS), these programmes have enabled greatly enhanced access to services by children and families in the Coast and North Eastern provinces of Kenya.

#### Future challenges

Together, these four factors have led to a great deal of progress in increasing access and strengthening governance as well as enhancing quality. On the last point, however, much more needs to be done. In particular, challenges include the need for:

- more concerted efforts to ensure equitable access to services by

marginalised communities and children with special needs

- strengthened coordination across government ministries, for enhanced integrated and holistic service delivery
- establishment of national parent education programmes to support the development of children under 3 years of age
- ensuring that all ECD practitioners are not only well trained but also well compensated for their services.

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# Lessons from South Africa's National Integrated Plan for ECD

Linda Biersteker, Research Director, Early Learning Resource Unit, Cape Town, South Africa

**South Africa's National Integrated Plan for Early Childhood Development (ECD) 2005–2010 builds on existing public programmes with the aim of ensuring that all children aged 0–4 years can access a comprehensive range of quality services. In this article, Linda Biersteker assesses how the NIP has worked in practice and draws lessons for implementation that can apply both in South Africa in future and in other country contexts.**

Early childhood development service provision has increasingly become a development priority in South Africa since the change to democratic government in 1994. As in many countries, the initial focus was on smoothing the transition to primary schooling by introducing a reception year (Grade R). While challenges remain, especially variable service quality, the introduction of this year has been a considerable achievement (Biersteker, 2010): 60% of 5 year olds attend, and universal access is planned by 2014.

However, the policy development process for ECD (National Education Policy Investigation, 1992; African National Congress, 1994; Padayachie *et al.*, 1994) recognised that this pre-primary year alone would not provide a strong enough platform for children's development, especially vulnerable children and those living in poverty in rural areas. Policy documents (Department of Education, 1995; 2001) referred to the need for a multi-sectoral approach to services for younger children. Finally, in 2005, the National Interdepartmental Committee for ECD produced the National Integrated Plan (NIP) for ECD 2005–2010 (Departments

of Education, Health, and Social Development, 2005). The NIP aimed to ensure that all children aged 0–4 could access a range of quality ECD programmes with trained staff and comprehensive services to support their health, nutrition and social well-being. The NIP builds on existing public programmes including:

- free healthcare for children under 5 years of age, and for pregnant and lactating women (introduced in 1994)
- social assistance in the form of a child support grant (introduced in 1998)
- poverty-targeted per-child subsidies in non-profit community-based ECD centres for children under school age.

The NIP's holistic approach was strengthened by the Children's Act of 2005, which came into operation in April 2010 and defines ECD as 'the process of emotional, cognitive, sensory, spiritual, physical, social and communication development of children from birth to school-going age'. The NIP is an ambitious plan, not only because it draws together divergent departments, but also because of its huge target of 2.5 to 3



Centre-based (formal) services are the prevalent form of ECD provision.

Photo: Courtesy Early Learning Resource Unit



million poor children and its multi-service approach. It recognises multiple approaches to developing young children, including:

- direct services to them
- training caregivers and educating parents
- promoting community development
- building public awareness.

Services and programmes that need to be provided to children aged 0–4 in an integrated manner under the NIP include:

- universal registration of births
- Integrated Management of Childhood Illnesses (IMCI)
- promoting healthy pregnancy, birth and infancy
- immunisation

- nutrition
- referral services for health and social services (social security grants and accompanying services)
- early learning stimulation
- development and implementation of psychosocial programmes.

The NIP moves on from the limited view of ECD services as being crèches and preschools and encompasses sites of care including homes, formal ECD centres, community childcare settings, informal ECD settings, prisons, child and youth care centres, and places of safety. These have been categorised as home, community and formal ECD services, with 50% of service delivery at the home level, 30% at community level and 20% in formal settings.

The NIP is overseen by the National Interdepartmental Committee for ECD, which includes the Departments of Education, Health, and Social Development (the lead department). The Children's Act regulates ECD centre services and programmes and provides for norms and standards. Provincial and local-level interdepartmental committees are responsible for developing and implementing integrated plans for ECD services for young children in accordance with the guidelines provided by the National Committee. The term 'integration' is used in the NIP to mean an approach where services and programmes are provided in a comprehensive and interwoven manner, with the aim of ensuring the holistic development of children. It is explicitly seen as describing 'the relationships and links that are being developed between government departments, NGOs and communities in order to provide comprehensive ECD programmes to the children of South Africa' (Departments of Education, Health, and Social Development, 2005:16).

The NIP was developed through a phased approach, with an initial focus on increasing centre access and quality. This started with registered ECD centres (Phase 1) and with the intention to extend to non-registered centres in Phase 2. It included training for practitioners working in centre-based ECD facilities and increasing the numbers of subsidised centres and children, as well as a drive to

register all centres. Support for training was leveraged through one of the government's leading short-term measures to address poverty, the Expanded Public Works Programme Social Sector Plan, which provided for skills development opportunities and drove many of the training opportunities. Phase 3 was intended to work on the establishment of a 'mother-child programme', which included home visits to provide support for parents in vulnerable contexts, deliver early stimulation programmes, and provide a route for referral to appropriate services.

**From policy to implementation: the current status of ECD provision**

**Centre-based (formal) services** are the prevalent form of provision, and already exceed the NIP target of 20% of children – national surveys indicate that about 30% of children attend a centre of some kind. ECD centres serving children under 5 years are rarely provided by government but are private or run on a non-profit basis by community groups and NGOs. This has resulted in very variable levels of access and quality.

The role of government is regulation, and provincial departments of Social Development provide subsidies to qualifying children in non-profit centres. Centres must register with local authorities and the local Department of Social Development office to ensure that they meet minimum standards and come into

the monitoring and support system. Registration is necessary before those qualifying for subsidies can apply. Staff qualifications are also specified in the registration norms and standards though there is a large backlog in training practitioners at present. Poor infrastructure, which makes it impossible for some centres to meet minimum requirements, and human resource constraints in provincial and district offices have made the registration process very challenging. The lack of reliable data on the numbers of children enrolled, the state of infrastructure, and levels of staff qualification, is a further problem.

The government target is to double the number of children receiving subsidies to 600,000 by 2014. In March 2011, 476,000 children were receiving a subsidy, a significant increase from 270,000 in 2004–5. Subsidies have increased annually from a minimum of ZAR 9 (about US\$1.25) per child per day in 2008 to ZAR 12 (US\$1.70) in 2010–11 and will probably rise to ZAR 15 (US\$2.10) in the next budget cycle. There is no doubt that subsidy funding is well targeted and essential to the sustainability of ECD centre programmes in poor communities, but also that it does not meet the costs of provision and that the need to pay fees excludes the poorest children. Only 14% of poor children currently receive a subsidy. Centre provision also is skewed to older children, with most infants and under-3s cared for in home and community settings.

**Community and home-based services** include home visiting programmes, community playgroups, parent education programmes and various combinations of these. The priority given to this kind of provision for Phase 3 of the NIP is based on evidence of the capacity of this type of programme to achieve broader community coverage and reach the most vulnerable children in a more integrated way. However, although many models have been piloted and operated by NGOs (Biersteker, 2007), there has been little support for implementation of community

of programmes. In 2007 only one province was providing significant support to ECD programmes targeting the home setting (Biersteker, 2007), although other provinces are now beginning to provide limited support for this kind of work. In addition, there are no provisioning and funding norms for community and home-based programmes and regulations under the Children's Act do not adequately cover them. Clearly, many aspects of the NIP are beyond the legal and funding frameworks and the necessary buy-in has not yet been achieved in all the provinces or at local level.

for young children, it has not been active in interdepartmental structures. International experience shows that it is at local level that integration is most effective, but there is little coordination in most municipalities. A further complication is lack of legislative clarity on the role of local authorities in regard to early childhood services, other than environmental health and safety. What is needed for integration to work is:

- clarification of roles, leadership and coordination, and of the funding responsibilities of different departments and levels of government
- budgetary commitment from each involved department to support the joint inter-sectoral planning and monitoring process
- joint programmes involving inter-sectoral collaborative planning and service delivery to provide a platform and culture of integrated service delivery – to a limited extent this has been seen in the joint planning for training of ECD practitioners at provincial level by the Departments of Education and Social Development.

While the NIP emphasises integration and coordinated service delivery, it is extremely difficult to achieve in practice.

and home-based ECD programmes. Department of Social Development officials, who have the major responsibility, have not presented a coherent plan for the expansion of ECD services beyond centres. Given that the most vulnerable children are unlikely to access centres, this is a serious challenge.

There are significant obstacles in the way of expanding community and home-based services. ECD budgets are barely keeping pace with targets for centre subsidy expansion and there is little left over for other kinds

### Some lessons from the South African scale-up process

#### Integration

While the NIP emphasises integration and coordinated service delivery, it is extremely difficult to coordinate and integrate the services offered by several departments. It is doubtful whether national and provincial interdepartmental coordinating structures have achieved more than departments working on their own would have done. While the Department of Health is a key provider

#### Moving to a continuum of programmes

The importance of the NIP for young children lies in its recognition that there is a need for a variety of ECD services and sites of delivery in order to increase access for the most vulnerable children. Nevertheless, it has been difficult to achieve the shift from a focus on centre-based services, which

still receive most of the ECD budget and departmental attention. There are a number of reasons for this, which are likely to apply in other countries attempting to broaden their ECD service framework:

- 1 Departmental staff and other role players are familiar with centres and do not widely understand the concept of integrated ECD.
- 2 The arguments for ECD which tend to generate most fiscal appetite are those which incline to its role in enhancing schooling outcomes, and this too tends to favour preschool services.
- 3 Multifaceted interventions require greater human resource capacity than provincial departments and civil society have at present. There should be a variety of delivery models for early stimulation in the home and psychosocial support, according to need, and a service approach has not yet been determined or costed. A cadre of workers for these programmes will have to be developed and NGOs have been instrumental in designing training programmes for this purpose.
- 4 Scale-up can often be effected more quickly through the use of existing infrastructure – for example, by adding on to the school system. There is no single service point network for offering the range of community and home-based services envisaged in the NIP. The use of centres as nodes of support

is being piloted, but the possibility of building upon the existing clinic infrastructure, especially for assisting with the broader psychosocial needs of children under 3 years and their primary caregivers, needs to be explored.

#### Advocacy and communication

The progressive realisation of services for young children in South Africa has been a great achievement, supported by international commitments such as the Convention on the Rights of the Child, Millennium Development Goals and Education for All. Legislation is essential to mandate service delivery as policies are often not implemented, and few countries have singled out ECD in children's legislation in the way that South Africa has in the Children's Act. However, the Act leaves funding for ECD services to the discretion of the provinces, and there is always the danger of competing priorities in a country battling poverty, underdevelopment and inequity. The danger of basing the argument for public funding on a promised improvement of educational outcomes is that investment might be withdrawn if results are not good enough – a danger exacerbated by the possibility that expectations are unrealistically high, given the difficult circumstances in which young children are being raised.

It is clear that much more advocacy is needed at all levels: firstly, to provide information to parents and other

primary caregivers, so that acceptable services are demanded and used; and secondly to inform politicians, officials and the wider public of what holistic ECD services entail and why they are so important for the all-round well-being of young children and future citizens. To resolve these issues, dedicated championing is needed within government as well as from civil society structures.

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# The World Bank's new tool to inform policy when scaling-up ECD

Emiliana Vegas, Lead Economist, and Amanda Epstein Devercelli, Consultant, Education Unit, Human Development Department, World Bank, Washington DC, USA

**When countries set out to scale-up their ECD coverage, their success depends on being able to implement ECD policies effectively. With its global reach and analytical capabilities, the World Bank is uniquely placed to investigate what factors make for successful ECD policy implementation. In this article, Emiliana Vegas and Amanda Epstein Devercelli outline how the Bank's new SABER-ECD tool will, over the coming years, build up an understanding of the important factors in ECD policy to inform national-level policymakers as they make decisions about scaling up.**

Based on convincing evidence and demand from client countries, the World Bank is increasingly supporting early childhood development (ECD) in a number of client countries, through lending and operational work, policy advice and analytical activities at the country, regional and global levels. The importance of ECD features prominently within the Bank's new Education Strategy 2020, which sets the goal of Learning for All through three pillars: *Invest Early, Invest Smartly, Invest for All*.

To guide the implementation of the Bank's Education Strategy 2020 and achieve the goal of Learning for All, the Human Development Department has launched System Assessment and Benchmarking for Education Results (SABER) to help countries systematically examine and better understand their education system's policies. The SABER approach is being carried out in several education policy domains, including those shown in Figure 1 (on next page).

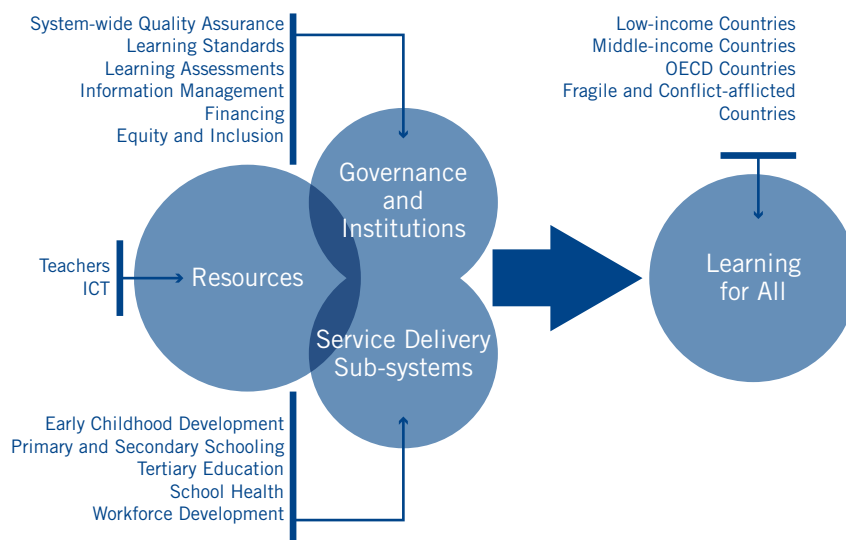
For each SABER domain, diagnostic tools have been or are being

developed to assess a country's level of policy development and allow cross-country comparisons. These policy diagnostics are built upon a solid evidence base, drawing on the experiences of high-performing and rapidly improving education systems. SABER will help education systems align their governance, management, incentives, financing mechanisms, human resources and quality assurance systems more effectively and efficiently around the goal of raising learning outcomes. Early childhood development is one policy domain within the SABER initiative. SABER-Early Childhood Development (SABER-ECD) will collect, synthesise and disseminate comprehensive information on ECD to enable policymakers and World Bank staff to learn from how countries address the same policy challenges related to ECD.

## **SABER-ECD: providing information to improve ECD policies**

Reaching children in their early years is critical to improve child outcomes and reduce gaps in achievement and

**Figure 1 SABER policy domains**



Source: Authors

opportunity, which grow starker as children grow older. Investments in ECD are a public good, and the benefits are widely acknowledged to include those for the individual, such as improved educational outcomes and higher wages, and those for society, such as lower risks of engaging in criminal activity. In addition, there are a number of positive externalities which can accrue as a result of investments in ECD and interventions can serve as tools to achieve broader policy objectives – examples of these include increasing female labour participation and the inclusion in society of marginalised populations.

Despite the manifold benefits from investing in ECD, in most countries the policy environment is inadequate to ensure all children have access to holistic ECD services. While sufficient political and financial commitments are lacking in many countries, the challenge of creating an adequate policy environment is perhaps an even greater hurdle facing countries striving to improve the experiences of young children. Because ECD investments are needed in multiple sectors targeting multiple stakeholders, the design of holistic public policy to promote ECD effectively can be a significant challenge for governments. SABER-ECD is designed to provide policymakers

with the tools and analysis to meet this challenge.

Traditionally, research on ECD has focused on the impact of programmes for young children. SABER-ECD draws a distinction between ECD programmes and policies. ECD programmes are specific interventions that may vary according to primary objective, coverage and specific characteristics. ECD policy, in contrast, refers to the regulatory framework and institutional arrangements for service delivery at the national and/or sub-national level. The SABER-ECD approach analyses both programmes and policies to present comprehensive information on the policy

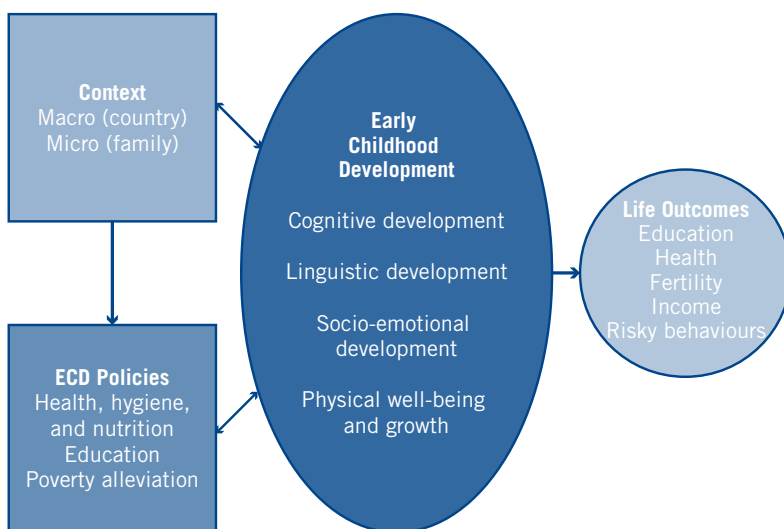
environment and service provision for ECD in each country.

Looking beyond programmes to the broad policy context allows an assessment of the forces at work which govern programmes and affect both access and quality for ECD services. Most importantly, looking at policies provides a lens through which to consider what policy actions could be used by policymakers to improve ECD outcomes.

**The analytical framework for ECD outcomes**

Figure 2 presents an analytical framework for ECD outcomes. This framework starts with the recognition that child development

**Figure 2 Factors affecting ECD and life outcomes**



Source: Adapted from Vegas and Santibañez, 2010

does not occur in a vacuum; children's experiences are influenced by both the macro and the micro context in which they live. The macro context includes the nature and extent of social policies that directly affect children's well-being and the types of programmes available to them. The micro context includes the child's personal situation and experiences at the family level. ECD policies in a range of sectors influence four key areas of development for young children: cognitive development, linguistic development, socio-emotional development, and physical well-being and growth. Development in these four key areas in the early years, in turn, has an impact upon life outcomes.

By definition, a focus on ECD should involve (at a minimum) interventions in health, nutrition, education and social protection. Figure 3 displays the various sectoral policies that affect ECD outcomes. These policies can focus on the pregnant woman, the child, the caregiver or the family as a whole and can be applied in the home, at a school or childcare centre, a hospital, or a community centre. It is critical to note that the impact will be greatest when interventions are multi-sectoral and integrated, providing young children and their families with holistic programming to ensure that all children have an equal opportunity to reach their full potential.

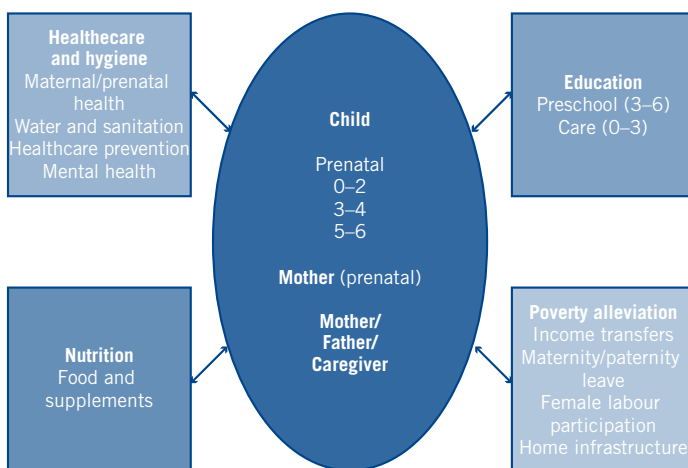
### Improving ECD policy at the country level

Based on a comprehensive review of the literature, the SABER-ECD team has identified three ECD policy goals that all systems should strive to achieve:

- 1 Establishing an enabling environment.** This goal refers to the existence of an adequate legal and regulatory framework to support early childhood development; the availability of adequate fiscal resources; and the degree of coordination within sectors and across institutions to ensure that services can be delivered effectively.
- 2 Implementing widely.** This goal refers to the extent of coverage (as a proportion of the eligible population) and gaps in coverage, as well as the spectrum of programmes offered. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education and social protection. A robust ECD policy should include programmes in all essential sectors, inter-sectoral coordination, and high degrees of coverage and should reach the entire population – especially the most disadvantaged young children.
- 3 Monitoring and assuring quality.** This goal refers to the development of standards for ECD services, the existence of systems to monitor compliance with those standards and the implementation of systems to monitor ECD outcomes across the population of children. Ensuring



**Figure 3 Multi-sectoral policies that can affect ECD**



Source: Vegas and Santibañez, 2010

the quality of ECD programmes is essential because evidence has shown that unless they are of high quality, the impact on children will be negligible, or even detrimental. Taken together, these three goals address the range of issues that generally constrain ECD outcomes and they form a coherent package that all countries should address to improve ECD outcomes and services. For each policy goal, based on evidence from impact evaluations, institutional analyses and a benchmarking exercise of top-performing and rapidly improving systems, we have identified a set of actions, or policy levers, that decision

makers can act upon in order to strengthen ECD.

These ECD policy goals and associated policy levers were selected using the following criteria:

- **Potential to impact.** All of the policy levers and policy goals have an impact upon ECD outcomes, either via theory or through evidence. While the SABER-ECD team has striven to provide empirically established evidence for all policy goals, levers and indicators, it is important to note that such evidence is not available for all areas of our analytical framework. Some promising interventions have yet to be evaluated and some

Table 1 ECD policy goals and levels of development

ECD POLICY GOAL	LEVEL OF DEVELOPMENT			
	Latent	Emerging	Established	Advanced
<b>Establishing an enabling environment</b>	Legal framework non-existent; ad hoc financing; few institutions; low within-sector coordination; low inter-institutional coordination	Minimal legal framework; a few programmes with sustained financing; low inter-institutional coordination; higher within-sector coordination	ECD regulations in some sectors; many programmes with sustained financing; functioning intra- and inter-institutional coordination	Developed legal framework for ECD; sustained financing for attaining ECD goals; robust inter-institutional coordination
<b>Implementing widely</b>	Low-coverage pilot programmes; some health, nutrition, education, and infant/child protection services, but minimal and without coordination	Coverage expanding but important gaps remain; some established programmes in few sectors; high inequality of access; some health, nutrition, education, and infant/child protection services	Near-universal coverage, or universal in some sectors; established programmes in several sectors, low inequality of access; health, nutrition, education, and infant/child protection services well established	Universal coverage in ECD, with comprehensive strategies across sectors; integrated services for all children, some universally provided, others tailored to young children's unique needs
<b>Monitoring and assuring quality</b>	Limited standards exist for the provision of ECD services; only minimal measures of infant and child mortality are reported	Standards for ECD services exist for at least some sectors, but there is no system to regularly monitor compliance; increased information on ECD outcomes at the national level	Standards for ECD services exist for most or all sectors; a system is in place to regularly monitor compliance; information on ECD outcomes at national, regional and local levels	Standards for ECD services exist for most or all sectors; a system is in place to regularly monitor and enforce compliance; information on ECD outcomes at individual, national, regional, and local levels, all young children's individual needs are monitored and met

recommendations will probably always be based on theory only, as opposed to data. In order to provide countries with adequate and complete guidance, we considered goals, policy levers and indicators linked to ECD outcomes via both evidence and theory.

- **Priority for resource allocation.** Every government faces resource constraints, even in the wealthiest countries. Policy goals and levers, therefore, must demonstrate their impact to improve ECD outcomes and be justifiable expenditures, when considered alongside competing policy priorities.
- **Actionability.** As noted previously, ECD occurs in a broad context and is influenced at the micro and macro levels. The policy goals and levers presented in SABER-ECD are those that governments can influence directly through policy decisions and resource allocations.
- **Combined coherence.** Finally, the three policy goals and associated policy levers provide a coherent policy environment, with mutually reinforcing components, that policymakers can aspire to achieve.

For each of the three policy goals, levels of development can be described, ranging from less developed (or ‘latent’) to fully developed (or ‘advanced’). As Table 1 suggests, in an ideal situation ECD policies in a country would be in the ‘advanced’ column for all three dimensions. In such an ideal situation, the country would have:

- 1 a solid legal framework for ECD, sustained financing for attaining ECD goals and a high degree of inter-institutional coordination
- 2 coordinated interventions in all essential ECD sectors and universal coverage in key ECD services such as maternal and child health and preschool education, resulting in integrated services for all young children, some universally provided, others tailored to young children’s unique needs
- 3 information on ECD outcomes at individual, national, regional and local levels and well-defined quality standards and mechanisms to monitor compliance.

While the ‘advanced’ column represents the ideal, a country with an ‘established’ level of development in the key ECD dimensions indicates a developed policy framework in a majority of sectors, adequate implementation and multi-sectoral approaches to ECD. Achieving an ‘advanced’ level of development should be a long-term policy goal, but in the medium term, achieving an ‘established’ level of development is attainable for most countries.

#### **An ECD policy rubric to classify systems**

In order to systematically and accurately compare ECD policy across different countries, we have developed an ECD policy rubric, based on the three ECD policy goals (establishing an enabling environment, implementing

widely, and monitoring and assuring quality). In each country, data are collected on ECD policies (and supplemented with secondary data) and input into the rubric. A series of indicators are used to measure the level of development for each policy goal and lever. Indicators address both official policies and the extent to which ‘in law’ rules that guide ECD policy are reflected in practice. Data from countries with high-performing and rapidly improving ECD systems were used to develop a scoring system

countries in the next 2–3 years. Based on preliminary analysis and experience from World Bank operations and analytical work in client countries, several common challenges and themes have been identified, including the following.

#### **Focusing on quality**

In many countries, the ECD dialogue focuses on scaling-up access to pre-primary school. As governments work to scale access to pre-primary school, lessons can be drawn from the experience of countries rolling out

**SABER-ECD will build up an understanding of the important factors in ECD policy to inform national-level policymakers.**

to evaluate the level of development within each policy lever and policy goal. The rubric will provide countries with a comprehensive assessment of their level of ECD policy development, as well as differentiated information on each policy goal and lever, and indicators for areas of policy in particular need of further action. The rubric will also allow for systematic cross-country comparisons.

The data collection process for SABER-ECD has been launched in a selected number of countries in Eastern Europe/Central Asia, Latin America, South Asia and sub-Saharan Africa, and will be scaled up to cover most client

Universal Primary Education in the last decade. While significant enrolment gains were made in a short time following the abolition of fees, in many countries this expansion in access was accompanied by a decline in quality, as new children arrived in schools that were not provided with commensurate funding or capacity. It will be critical to ensure that mechanisms are in place to ensure that all ECD programming is of high quality even as access is increased.

#### **Establishing an ECD authority to coordinate multi-sectoral efforts**

Creating a policy environment that promotes inter-sectoral coordination

and provides all children with access to comprehensive ECD services is a particular challenge for many governments. The holistic needs of young children and their families necessitate the involvement of a range of government agencies and ministries in ECD service provision. In many countries, the lack of an established authority to coordinate multi-sectoral stakeholders hinders policy implementation and service delivery. Countries face a range of options in establishing a coordinating authority, but it is important that such an authority should have the capacity and authority to coordinate multi-sectoral stakeholders.

### Reaching parents and caregivers

Parents and caregivers need to receive accurate and compelling information about the importance of adequate nutrition and healthcare and early stimulation. Policymakers, the private sector and civil society all have a role to play to increase parental demand for quality ECD services. One of the biggest challenges facing policymakers is reaching the very youngest children (aged 0–2 years) and their caregivers. Improved communication strategies and interventions to reach children's parents and caregivers are essential to ensure that all children are reached from before birth and continue to be served with a continuum of care and services throughout their early years.

### Conclusion

There is no single path to achieve an advanced level of ECD policy and different systems will place varying levels of emphasis on each policy goal and lever. SABER-ECD is designed to present client countries with a framework and tools to consider policy actions to create a holistic ECD policy environment in which all children have the opportunity to reach their full potential.

### Further information

More information on SABER-ECD will be shared as it becomes available, on the World Bank's website:  
<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTEDUCATION/0,,print:Y~isCURL:Y~contentMDK:22833537~menuPK:282391~pagePK:148956~piPK:216618~theSitePK:282386~isCURL:Y,00.html>

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## 'We have included early childhood in a much more horizontal way across our OECD reporting'

**In his role as Deputy Secretary-General of the OECD from 2007 to 2011, Aart de Geus included education among his responsibilities. Previously he was Minister of Social Affairs and Employment in the Netherlands, and was responsible for the Child Care Act of 2005 which set out new nationwide standards on quality for early childhood provision. Since talking to *Early Childhood Matters* he has been appointed to the Executive Board at the Bertelsmann Foundation. In this article he describes the current state of early childhood education and care in the Netherlands, and how the OECD is driving forward the agenda of quality.**

*You were in the news in the Netherlands earlier this year when you said in a speech to the Dutch senate that the early childhood education system was failing the nation's children. What aspects of the system do you believe undermine its capacity to deliver consistent quality at scale?*

The root of the problem in the Netherlands is that historically we have not seen early childhood as an opportunity for education. There has been an ideological barrier to promoting education for young children – a long-standing cultural belief that until school age, the state should leave children entirely in the hands of their parents.

Of course, I uphold the vital role of parents. But I also see children in the Netherlands who are being educationally disadvantaged because their parents are working too hard to invest as much time in them as they would like to, or because a single parent is struggling to cope after a family break-up, or because their

parents are recent migrants who find it hard to help their children to integrate into Dutch society. For all these reasons there is clearly a valid role for the state in promoting education in the early years – it should not be a setting for party politics, or ideological battles about state interference. But the Netherlands has lagged behind in accepting this idea.

As an illustration of the changing Dutch attitude to childcare, before I joined the government as Minister for Social Affairs and Employment in 2002 childcare was under the Welfare Department. My ministry took over responsibility, reflecting a shift towards seeing it primarily as a tool for helping the labour market. When I left government in 2007, I transferred responsibility for childcare to the Education Department, and now it is back in Social Affairs and Employment.

Unfortunately, the problems that have been created in the Netherlands by inadequate attention to education in the early years are then compounded

by a school system which divides pupils into different high school streams at the early age of 12. That means there is a very short time to address the learning deficiencies with which disadvantaged children may enter primary school, and for the most part we do not manage to succeed. Tragically, the Netherlands is still a country in which the social and economic differences with which children start school tend not to be corrected but confirmed during their school career.

more. So we said: why don't we let the major actors in the sector create a quality framework for themselves? Unions of parents, childcare providers and local communities decided on this and we gave it government authority as a binding framework.

Within this framework, I wanted to create conditions in which suppliers would compete to deliver care at a good price, which requires giving parents the freedom to choose. With the 2005 Child Care Act we were very concerned

*supply-side public funding covering most costs, produce good-quality employment.'*

I would say that in both systems you can work on quality. Maybe it's easier for the government to have a more direct and formal say when they are responsible for recruitment of the professionals, but I also think that in the market approach you have a natural pressure to improve quality because parents demand it. You don't need governments to be monopolist providers – with a quality framework agreed by major actors in the sector, and a role for government as a regulator and supervisor, I certainly believe that a system of parental choice and market competition can deliver quality at scale, on condition that parents can make informed decisions about ecec provision.

I may add, by the way, that the regulatory framework we put in place with the 2005 Act has worked well. Although there were ideological concerns beforehand, it is now widely respected and it forms a good basis for taking forward discussions about setting quality targets for early years education. These discussions were barely getting started at around the time of the 2005 Act, but now it is the necessary next phase, and there are many examples of best practice in other OECD countries that the Netherlands could choose to learn from.

It is possible for one country to learn from another's good practices while recognising their different contexts and ideologies.

*When your ministry introduced the Child Care Act in 2005, your aims were to open up the sector to more market competition and provide parents with more freedom of choice. Can you outline how quality of provision was to be guaranteed under this system?*

During the years when we were discussing the drafting of this law, many concerns were expressed about excessive state interference. This was raised particularly in connection with quality, as there were worries that trying to assure quality could require the government to interfere more and

to expand access to childcare, so we provided different levels of financial support to parents based on their incomes.

*Do you think it's harder to achieve quality provision in a market-based, competitive system? For example, an EC-funded report published in 2007, *Care Work in Europe*, argued that: 'Generally systems based on "care as a private commodity", high user payments, competitive markets and demand-side public funding do not produce good quality employment. Systems based on "pedagogical services as a public good", with*

One of OECD's recommendations is to spend more money on education in the early years.

Photo: Jim Holmes/Bernard van Leer Foundation



*Which brings us on to your current role at the OECD. Which OECD countries would you say have come the closest to getting it right in terms of delivering early learning at scale, and might provide good examples for a country such as the Netherlands to look at?*

I would start by emphasising that learning from another country's experiences does not necessarily imply copying all aspects of that country's system. There is always a danger that such comparisons can become politicised because of the different traditions in different nations, and that doesn't take the discussion down a productive route – it is possible for

one country to learn from another's good practices while recognising their different contexts and ideologies.

Having said that, the two main areas where I think the Netherlands could look to other OECD states for inspiration are developing a child-centred curriculum for early learning and a better system for monitoring and researching the effects of early learning on children's outcomes.

On the question of curriculum, of course we can point to the Scandinavian countries, which for a long time have ensured continuous child development through a curriculum from birth to compulsory schooling age and have had strong quality goals and regulations on



preschools. There are also interesting experiences across the border with our neighbours in Flanders, with the ‘experiential education’ approach of Ferre Laevers. Further afield, Australia has implemented a National Quality Agenda which includes a continuous curriculum for children from 0 to primary school age, and next year will implement a revised legislative framework on quality standards; meanwhile New Zealand has developed a curriculum which is especially interesting in its flexibility to adapt to different local circumstances.

On the question of monitoring and research, I think the Netherlands has a lot of catching up to do in terms of devising systems which track the school outcomes of young children and provide evidence about which kinds of early learning programmes most effectively set up children for educational success. Not just the Netherlands but also other continental European countries can learn something here from countries like the US and the UK, where there is a more deep-rooted culture of valuing longitudinal studies as a basis for informing policy development.

Rather more ambitiously, I would be happy if other OECD countries would look to Norway, Finland and Japan for inspiration in terms of getting early childhood centres staffed by more highly qualified people. In these countries, early years professionals are trained to university degree level.

*The OECD published its highly respected Starting Strong report on early childhood in 2001 and followed up with Starting Strong II in 2006. How is the OECD now carrying forward its influence in early childhood?*

The OECD is not an organisation with formal binding powers. We don’t lend money or make grants. Our influence comes entirely through the power of argument and authority of our evidence-based research and recommendations. For example, in 2009 we published our *Doing Better for Children* report, comparing indicators of child well-being across our 30 member countries and analysing their public spending and policies. One of our key recommendations was to spend more on education in the early years.

We also have our PISA programme, the Programme for International Student Assessment, which regularly compares the skills of 15 year olds in different OECD countries in reading, mathematics, science and so on. By tracking which students experienced early childhood education, we can build evidence about its effects on school performance.

But beyond these specifically child-centred initiatives, as a result of the strength of the findings from Starting Strong we have included early childhood in a much more horizontal way across our OECD reporting. For example, when we conduct our

economic reviews of countries, we now routinely include in our analyses an assessment of the strengths and weaknesses of early education. It is also an issue which comes up strongly in our work on migration and social equality.

Finally, the Starting Strong process itself is still going strong and focusing on the theme of this edition of your journal, namely the need to ensure high quality of ECEC provision. Next year we will publish a new Starting Strong report, provisionally entitled *Implementing Policies for High-quality Early Childhood Education and Care*, which is planned to launch at a high-level round table of ministers, officials and researchers in Norway on 24 January 2012. We will launch an online policy toolbox on improving quality in early childhood education and care at the same time.

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# Stepping up: scaling-up the Step by Step Programme

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**The Step by Step Programme was initially envisioned as a 2-year initiative to introduce child-centred teaching methods and family involvement in the early childhood education systems of 15 countries in Central, Eastern, and Southern Europe. Seventeen years on, Step by Step has developed into the International Step by Step Association (ISSA), a network of 29 NGOs engaged in large-scale national reform and regional advocacy initiatives. This article traces the formation and scale-up of the programme through four distinct phases. It analyses factors crucial to its success and outlines challenges and opportunities for the future.**

In 1993, convinced of the critical role of early childhood in the development of open societies, George Soros invested over US\$100 million in a new initiative to introduce child-centred methods into existing state-run preschools and replicate these new approaches through government teacher training systems. This flagship early childhood programme of the Open Society Foundations (OSF) spawned the establishment of ISSA, which now implements a variety of innovative education reform projects for children aged 0–10, based on improving equity, access and quality.

The NGOs launched through the Step by Step Programme have trained and mentored over 200,000 early childhood professionals and implemented programmes that reach millions of young children and families. With its dual aim of promoting optimal development for all children and nurturing a strong, active third sector in early childhood education, Step by Step has played a major role in early childhood education reform in Central, Eastern

and Southern Europe, Central Asia, Mongolia and Haiti.

Step by Step evolved in the late 1990s from a comprehensive initiative that at first included renovation and humanitarian assistance (such as food and medicine for preschools) to a focus on early childhood education, with efforts concentrated almost exclusively on development of human capacity at all levels: Country Teams<sup>2</sup>, teacher trainers, school/preschool directors, parent advocates, teachers, children.

## **Phase I: Launch and initial horizontal scaling**

From its inception the Step by Step Programme (initially known as the Soros Preschool Program) was designed on a massive scale, with simultaneous roll-out planned in multiple sites in 15 countries for September 1994. OSF engaged experts based at Georgetown University, who were familiar with large-scale early childhood programming through the US Head Start programme, to plan the project. Assessments of the situation in the 15 countries<sup>3</sup> showed a decline in

the enviable systems of childcare which had existed prior to the break-up of the Soviet Union and Yugoslavia, and the velvet revolutions in Central Europe. As economies plummeted, formerly state-owned enterprises going through the painful process of privatisation closed affiliated preschools<sup>4</sup>. As many social supports were also being cut, it made sense to support children and families by strengthening services.

The project focused on OSF's core mission, the strengthening of civil society, by introducing child-centred

manual was adapted and translated in each country and approved for implementation by national ministries.

Each participating national Open Society Foundation hired implementation teams of early childhood experts who attended a 6-week orientation and training in the USA. Between five and ten existing state preschools were selected as pilots in each country and these were given funds for renovation, furniture, educational materials for two classrooms and a parent room,

the first meeting of Country Teams in December 1994. Over the next 2 years the programme was scaled horizontally and expanded to an additional four countries. A different financing scheme was applied to new preschools which were eager to join; rather than relying fully on OSF funding for replication, they had to provide needed additional staff (teacher assistants) through their own resources. Renovation and furniture were subsidised, with communities and local governments providing some materials and labour.

**The development of a strong personal and professional network helped nurture and sustain the programme.**

teaching methods and family and community engagement in early childhood programmes. Teachers accustomed to delivering didactic instruction to the whole class would learn how to facilitate children's learning through play, to develop individual and small-group instruction to meet the needs of each child, to promote choice and responsibility in the classroom, and to actively involve parents who had previously been excluded from the preschool education of their children. These principles were incorporated into a methodology manual for teachers, prepared by the Georgetown University team. The

additional teaching assistants and a family coordinator. In summer 1994, American trainers visited each country to assist the Country Teams in training preschool directors, family coordinators, teachers, teacher assistants, and relevant experts and officials. In September 1994, 252 classrooms in public preschools opened their doors to welcome children and parents into child-centred learning environments.

The original programme strategy planned for major replication only after the pilot ended, but requests from directors, teachers and parents led to expansion plans being made at

### **Phase II: Growing Step by Step vertically**

From the outset, the active engagement of parents in the preschool programmes shaped the project's future. When the Country Teams next met in September 1995, they responded to parents' demands for the project to ensure continuity for their children by planning an extensive initiative in primary schools, in the face of considerable initial resistance within OSF. They changed the programme's name from the Soros Preschool Project to Step by Step to express the new staged approach to educational reform. A primary methodology and accompanying training manual were developed. Staff with expertise in primary education were hired into the national Open Society Foundation in each country and sent to the USA for 2 weeks of training and school visits.

In 1996, 179 first-grade classrooms opened in primary schools located

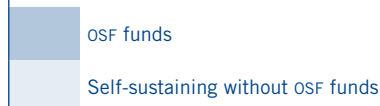
near the pilot preschools and the strategy for Step by Step was redefined according to a 5-year development plan (see Table 1). Previously envisioned as a 2-year programme to reform preschool education, it was refashioned as a 5-year programme to reform both the preschool and primary education systems. Mechanisms to institutionalise

changes were put in place. The best pilot preschools in each country were selected as ‘model sites’ and fitted with the equipment (adult tables and chairs, projector, flipcharts, computer, internet connection) required to operate as training centres. Progressive educators from influential institutions of higher education were provided with courses on child-centred

approaches so that they could reform their courses accordingly.

As new needs were identified, the Step by Step Programme grew to encompass a diverse array of new initiatives, including intensive efforts to improve school success for Roma children in Central and Eastern Europe, promote mainstreaming of children with special needs in

**Table 1 Step by Step country development model**

SUPPORT FOR	PROGRAMME	PHASE	ACADEMIC YEARS								
			1	2	3	4	5	6			
Schools (at levels of local communities)	Training	On-site training at schools	OSF	OSF	OSF	OSF	OSF	OSF	OSF	OSF	
		Preschool Grants to schools	Demonstration classrooms	OSF	OSF	OSF	OSF	OSF	OSF	OSF	OSF
	Expansion classrooms			OSF	OSF	OSF	OSF	OSF	OSF	OSF	
	Primary Grants to schools	Demonstration classrooms		OSF	OSF	OSF	OSF	OSF	OSF	OSF	
		Expansion classrooms				OSF	OSF	OSF	OSF	OSF	
	Institutional reform (at level of national institutions and ministry)	Teacher training institute reform	Informal links with institutes		OSF	OSF	OSF	OSF	OSF	OSF	OSF
Develop model training classrooms					OSF	OSF	OSF	OSF	OSF	OSF	
Seminar for institute faculty					OSF	OSF	OSF	OSF	OSF	OSF	
Reform of content and methods						OSF	OSF	OSF	OSF	OSF	
Ministry approval Curriculum approved as official alternative							OSF	OSF	OSF	OSF	
										programme replicates with own resources	
											

regular classrooms, and diversify early childhood development programming to include parenting and community-based initiatives.

### **Phase III: Institutionalisation through growing the third sector**

A new problem emerged in 1997. It began to seem unwise to turn over a quality-focused initiative to ministries for safekeeping in a region with strong centralisation, economic uncertainty, unstable governments, a highly politicised education sector, and frequent turnover of ministry officials and school principals. Quality safeguards – in the form of strong independent professional and parent associations, NGOs, and educational foundations – were missing.

Therefore, in 1998 OSF began to ‘spin off’ the Step by Step Country Teams from within the National Open Society Foundations to take on the challenge of establishing NGOs in countries with weak histories of permitting a strong third sector. OSF embarked on an intensive project to train and support Country Teams as they made this remarkable transformation. Staff participated in seminars on new topics such as facilitative leadership, strategic planning, financial management, governance, public relations, and proposal writing. Each team was mentored to develop a 3-year strategic plan for their new NGO. As a result, 28 of the 29 Step by Step Programmes are now operated by independent early childhood organisations. These

organisations form the bedrock of a growing third sector, which engages in advocacy and provides competitive, high-quality educational services to communities, governments, and donor organisations.

The development of a strong personal and professional network helped nurture and sustain the programme. Annual meetings became a valuable forum for knowledge sharing, where expert teams exchanged and analysed experiences, personal stories, and advice. This growing network of early childhood professionals was formalised in 1998 as the International Step by Step Association (ISSA).

One of ISSA’s first activities was to launch, in 1999, the ISSA Early Childhood Quality Initiative, to promote ongoing professional development and ensure the quality of the programme as it scaled up. A taskforce of experts developed a publication, *ISSA Pedagogical Standards for Preschool and Primary Grades* (ISSA, 2005), and supporting materials (teacher handbooks, developmental continuums, videos, online courses) to provide a common framework for teachers to develop and measure professional growth with the support of trained mentors<sup>5</sup>. They build on the long traditions of education and psychology that pre-date the Communist regimes, emphasising inclusion, diversity and the values required in open, democratic societies.

### **Phase IV: Supporting sustainability and growth**

When the Step by Step Programme was launched in 1994, few organisations were active in early childhood issues in Central and Eastern Europe. OSF and Georgetown University staff were among the first foreigners to meet with preschool experts at Ministries of Education. By 1996, ministries, local governments, communities and parents provided 30% of in-country funding, but it was still critical that staff were able to count on multi-year funding commitments from the OSF, allowing national programmes to focus on quality, rather than fundraising. The establishment of national NGO early childhood organisations and ISSA reflected a new strategy. Large-scale partnerships with the World Bank, USAID, UNICEF, and the European Union soon followed. By 2002, partner organisations provided over 50% of the financial support for the Step by Step NGOs, rising to over 70% by 2009.

OSF remains engaged as a partner of the national early childhood NGOs and ISSA, providing technical support and funding for innovative grants on a competitive basis, and supporting NGOs facing temporary cash flow problems with short-term no-interest loans or emergency grants. This flexible support has proven essential during the global financial crisis. OSF invites NGOs to participate in technical projects aimed at addressing the lack of services for Roma children and for inclusion of children with special needs, and

External evaluations have shown that children in Step by Step score higher on tests measuring cooperation, leadership, self-esteem, problem solving and perseverance.

Photo: Step by Step in Moldova

partners ISSA to advocate for early childhood issues in the region.

### Assessing impact

What is the real impact of the Step by Step Programme? Like many large-scale programmes implemented under pressure, initially Step by Step was not deeply engaged in evaluation. An early plan to collect data for a longitudinal study was dropped in the first year as Country Teams struggled under intense deadlines. When Step by Step was reconceived as a 5-year+ initiative in 1998, the need for evaluation re-emerged. With the support of USAID the Step by Step project embarked on a four-country independent evaluation<sup>6</sup>, which demonstrated the impact of the programme on children's democratic behaviours, ideas and values. It also provided the first evidence that Step by Step provides greater support to children who enter with less-developed academic skills.

External evaluations have been critical to the acceptance of Step by Step methods by education ministries, and to defend funding for the programme within the OSF. National studies consistently show children in Step by Step reaching or exceeding national average test scores in academic subjects and several studies have shown that the programmes promote social and emotional development. Children in Step by Step score higher on tests measuring cooperation, leadership, self-esteem, problem solving, and perseverance. Research has also



been used to advocate for children's rights, demonstrating that a majority of Roma children initially assigned to remedial classrooms or 'special schools' for the mentally handicapped in four countries could be supported by Step by Step approaches to reach grade-level expectations and integrate back into the mainstream system. OSF and ISSA documented and analysed the experiences of the first decade of the programme in a series of national qualitative Case Studies, published in 2008 (Open Society Institute, 2008).

### Factors crucial to the successful scale-up of Step by Step

As we have seen, the trajectory of the Step by Step Programme was not fully

planned when it was launched. The programme was not afraid to adapt – for instance, when it was discovered that teachers were not using the new teacher assistants effectively, training on teamwork was quickly rolled out – or even to change strategies dramatically: neither the extension into primary schools nor the setting up of local NGOs was initially envisaged, but they were adopted in response to parent demands and emerging needs.

Scaling up was, however, envisioned from the outset in strategic planning at country level. One of the first activities was to secure a multi-year agreement with each Ministry of Education, describing the support that OSF would provide in

each country, and with governments agreeing to assess the programme after 2 years and decide whether to provide official permission for it to be used throughout the country. Pilot sites were strategically selected to facilitate scale-up – though dispersed across the country and targeted towards vulnerable populations, they were also selected for proximity to important teacher training institutions. The best pilot sites were then converted into regional training centres and linked to teacher re-training institutions.

The programme has consistently emphasised quality. It started small – in just five to ten sites in each country – and for the first year, national staff visited and mentored each site at least monthly. High-quality training, printed resources and educational materials were provided to teachers at the outset. Scale-up was launched only after quality programming had been established and was visible to all stakeholders.

The programme was also helped by the mood of the times. Though the period which followed the fall of Communist regimes in Central and Eastern Europe and Eurasia was one of great economic and social instability, it was also one of great hopes and dreams. A deep desire for reform of systems that were seen to have perpetuated social and political stagnation meant governments were enthusiastic, parents were ready to engage in their children's education,

and teachers were ready to try new ways of teaching, better suited to the new societies. These factors have led to the widespread interest in seeing the programme grow.

#### **Future challenges and opportunities**

With its emphasis on the development of human capacity, the Step By Step Programme now fosters continued networking and knowledge transfer between and within countries through training, mentoring, development, and distribution of hundreds of professional resources. Participants live the motto of 'lifelong learning', seeking answers to programme challenges through ongoing professional development.

Changing attitudes takes time, effort, support, and commitment. Securing this commitment from election-minded politicians seeking quick results is, perhaps, the most daunting task for child educators, caregivers and advocates. It is even harder during the current global financial crisis. For Step by Step, the future will depend on its ability to mobilise support for early childhood, using the extensive social capital that the programme has acquired in national NGOs, and collectively through ISSA. The current unprecedented international attention to early childhood development opens up opportunities for other countries interested in scaling-up early childhood programmes to learn from the experiences of Step by Step.

#### **Notes**

- 1 The Open Society Foundations (OSF) work to build vibrant and tolerant democracies whose governments are accountable to their citizens. Investor and philanthropist George Soros established the OSF, starting in 1984, to help countries make the transition from Communism. Its activities have grown to encompass the USA and more than 70 countries in Europe, Asia, Africa and Latin America.
- 2 Throughout this article we refer to Step by Step Country Teams. To implement Step by Step, each participating country designates a Country Team, comprising a Country Director, several Master Teacher Trainers, and support staff.
- 3 The 15 countries were Albania, Belarus, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Lithuania, Macedonia, Moldova, Romania, Russia, Slovakia, Ukraine, Yugoslavia.
- 4 Enterprise preschools formed a significant percentage of preschools in the countries of the former Soviet Union and Eastern Europe.
- 5 For the most current edition, see *Competent Teachers of the 21st Century: ISSA's Principles of Quality Pedagogy* (2010).
- 6 The Evaluation of the Step by Step Programme was conducted in Bulgaria, Kyrgyzstan, Romania and Ukraine by the Education Development Center, Inc. 1999, with funding from USAID.

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## Step by Step in Macedonia

# Lessons for scaling-up a teaching methodology

Based on a paper by Zoran Velkovski and Elena Misik<sup>1</sup>

**The scaling-up of the Step by Step Programme in Macedonia between 1994 and 2001 is not a typical story of a small-scale project that became a national programme. Rather, it is a story of the existing preschool education system being reformed through the scaling of a new teaching method. This article looks at the four main challenges faced during scaling and how they were overcome, and draws lessons for other countries.**

Step by Step has been implemented in over 30 countries, beginning in September 1994, as described in the article by Sarah Klaus on pages 56–61 of this issue of *Early Childhood Matters*. This article looks in more detail at why its implementation in Macedonia is an excellent example of scaling-up quality within an existing early childhood education system. Step by Step introduced in the country a new methodology for working with children in kindergartens and primary schools, gave the country a new educational philosophy focused on holistic child development, and has even been credited with setting an important broader example as Macedonia transitioned towards a more open and democratic society.

Macedonia was among the first 14 countries implementing the programme in the region. Piloting of the new methodology started in ten government preschools with technical and financial support from the Open Society Foundations (OSF), and the Foundation Open Society Institute, Macedonia (FOSIM). Few funds were invested in renovation, as the buildings were in reasonable

shape, but participating kindergartens were supplied with new furniture and materials, better adapted to the child-centred approaches promoted by the programme. In the existing system teachers were seen as the dominant source of knowledge and typically talked to the whole class, rather than encouraging individual child-led or small-group activities. Children were therefore put into a passive position rather than being encouraged to engage in dynamic and creative activity or independent and critical thinking. There was little effort to involve parents or caregivers.

Changes in the pilot kindergartens – with the creation of a more stimulating environment for children, and new energy and professionalism evident among the teachers – stirred the interest of preschools that were not involved in the programme. Directors and teachers from other kindergartens visited the pilot locations and expressed interest in taking up the new approach. By 1996, the programme was active in 334 kindergartens and primary reception-year classes. During 1997 and 1998, professors at teacher training faculties in all the nation's universities were trained in



Step by Step was a rare example in Macedonia of support for scaling an initiative coming from 'below'.

the programme's teacher training methodology. By 2000, the programme was reaching over 17,000 children and the government had agreed to sustain its implementation across the country, supporting salaries of regional mentor-coordinators.

The programme's scaling, both in Macedonia and the other participating countries, was not only horizontal – that is, expanding to reach more kindergartens, classes and children – but also vertical. It is likely that the programme would not have been as successful without this element of vertical scaling, which consisted of initiating other supporting components which the original programme did not contain: creating model kindergartens; specific attention to vulnerable groups (minorities, children with disabilities and Roma), children under 3 years old, and primary schools; publishing developmentally appropriate children's books; and training and support for institutions of higher education that train teachers.

Spun off into an independent NGO and supported by multiple donors – the Foundation for Education and Cultural Initiatives in Macedonia – the Step by Step Programme has gone on to shape the thinking behind a number of curricula and key policy documents, such as the National Programme for Development of Education in the Republic of Macedonia (2005–2015) and the Ministry of Education's 2009 Standards for Learning and Early Development of Children.

Why was the Step by Step Programme so successful in Macedonia? The quality of the programme was undoubtedly high, as were the results from the pilot. Still, there were other programmes that also achieved good results in the area of education, but did not reach or sustain implementation at scale. Where do the differences lie? How did the Step by Step Programme overcome the challenges of scaling up and convince decision makers to change the concept of quality early childhood education and then to promote implementation of these new ideas at a national scale?

Four main challenges emerged in the scaling process: monitoring, staffing, financing and maintaining political support. This article will now look at each in turn.

#### **Monitoring, staffing and financing**

The first challenge was monitoring. A modest pilot operating in a small number of locations is easy for a team to monitor, but once the programme covers the entire country, the same team may have difficulties in obtaining information and insight on all locations. This problem was addressed by gradually devolving responsibility. Model site coordinators assumed some of the monitoring responsibilities of the centralised programme team (organisation and coordination), while a designated staff person at each participating kindergarten assumed responsibility for detection and referral of issues and direct support to teachers.

The second challenge was staffing. As with most pilots, the initial small group of implementers was highly competent and motivated. This was impossible to maintain when scaling the programme to the whole country and, inevitably, a number of teachers entered the programme whose competencies were at a lower level despite receiving the same standard training. The programme addressed this difficulty in a number of ways. As the monitoring process revealed which aspects of work were emerging as problems, training sessions on them were enriched. Model kindergartens were established, so training could be combined with experiential learning and observation.

As training in the Step by Step methodology became a standard part of the pre-service teacher training curriculum, new graduates came to the labour market already prepared. Teachers who were already qualified needed to apply to attend a workshop lasting 2–4 days, for which full funding for travel and accommodation was made available by the programme. The quality of the training was crucial in winning over sceptics during the process of scaling, as is made clear by this quote from a teacher at a kindergarten in Veles:

At first, I was angry and jealous at the 'Soros-ians' [the term non-project teachers used for those teachers who were participating in the Step by Step Programme].

The creation of a more stimulating environment for children and new energy and professionalism among teachers were key for a successful scaling-up of the programme.

Photo: Step by Step in Macedonia



I had to do their work while they ‘enjoyed themselves’ and ‘had fun’ in a hotel by a lake [most often the training was organised in hotels by Lake Ohrid]. But after I saw the changes they were making to the kindergarten, I realised that they had not been ‘enjoying themselves’ but had been working hard. I liked what I saw very much, so I not only started to imitate them on my own, organising my classroom as they did theirs and working with the children in a manner similar to theirs, but I also expressed a desire to become involved in the training as well. I finally managed that and now I am happy that I succeeded in undergoing the

training and thus becoming one of those applying the Step by Step methodology.

The third challenge was financing. Scaling requires long-term stability and secure funding to sustain the same level of quality and achieve the same standards. In the pilot phase, the programme funded all necessary costs for ten pilot kindergartens, but with scaling the total required budget would be much higher than what the programme had at its disposal.

Most of the funding during the initial implementation phase came from OSF and FOSIM. Some additional funds were procured through user charges and co-funding from other sources, but

the intention was always to persuade the government – which was already covering the recurrent costs of the kindergartens and the reception-year classes – to take over the financing of the additional costs of regional mentor-coordinators. This was achieved in 2000. In anticipation of the ambition to persuade the government to take over financing, cost-effectiveness had been pursued as one of the main features of the programme from its beginning. Over the years, the programme has collaborated with many other donors, including USAID, UNICEF, the Swiss Government, the King Baudouin Foundation, the Swedish International Development Cooperation Agency (SIDA), the Charles Mott Foundation, Save the Children, the Balkan Children and Youth Foundation and the World Bank.

#### **Securing and maintaining political support**

The fourth, and related, challenge was maintaining political support. In a young democracy, with no tradition of accountability of civil servants and politicians, every change of government saw a complete change in the personnel of ministries, professional institutions and kindergartens at all levels. State institutions were stuck in their own bureaucratic procedures, plagued by slow decision-making processes, lack of clear vision and insufficient technical and managerial competencies. Some state employees were initially too wedded to the collectivistic Soviet-

style pedagogical ideology to be open to new ideas in the area of preschool education.

Step by Step was a rare example in Macedonia of support for scaling an initiative coming from 'below', as beneficiaries of the pilot were convinced of the need to expand it and support for the programme spread by word of mouth; more commonly, scaling initiatives originated from 'above', that is, the competent state institutions. Crucially, a Memorandum of Understanding was signed between FOSIM and the Ministry of Education prior to the programme launch in September 1994. The memorandum outlined a mutual commitment to implement the pilot project and to evaluate results regularly with the goal of approving the methodology for wider use if the results were promising. For ministers to be truly persuaded, though, it was not enough merely for the quality of the programme to be high – there were other programmes that also achieved good results in the area of education, but did not reach or sustain implementation at scale. The crucial difference was the success with which the Step by Step Programme pursued internalisation of its values by those who would be the key decision makers on scaling. Gaining the good favour of the makers of policy decisions was one of the strongest aspects of the Step by Step Programme.

This was accomplished gradually and systematically, through persistent and numerous presentations of the

programme to officials – even before the commencement of its implementation – and actively involving decision-making officials in programme activities by seeking and appreciating their opinions. Key decision makers from the relevant ministries – including ministers, state secretaries, ministry advisers, under-secretaries and heads of departments – were invited to participate in Step By Step training sessions, and were able to learn about the programme at first hand.

The programme also made persistent efforts to involve experts on whose advice ministers would rely. It conducted workshops and seminars for advisers at the Bureau for Development of Education, which was responsible for regular in-service teacher training, along with psychologists and directors at schools and kindergartens. Both technical and non-technical officials were invited to participate in training sessions, debates and round-tables, and field visits, on which they were often accompanied by foreign experts who could provide them with the theoretical background for what they were witnessing.

In this way, Step by Step managed to develop a sense of ownership among key persons, regardless of their party affiliation. It succeeded in developing the feeling that they, too, were part of the programme. It was extremely important for expert opinions to come from both international and domestic experts who had authority not only among the expert community but also in the wider general public.

It was essential to convince officials that the programme was not just one of many, that it was not short-lived, and that everybody gained from its implementation: children, parents, teachers, the state, and they themselves as decision-makers. As of 2011 more than 1288 teachers, and 16,100 children aged from 0 to 6, continue to benefit from the programme each year.

#### **Conclusions and recommendations for other countries**

Work still remains to be done in Macedonia. Among the current challenges are identifying weaknesses in the practical application of the Step by Step philosophy; ensuring that teachers trained in the Step by Step methodology apply those competences in practice; allocating additional resources for expanding space and improving equipment and educational materials in preschool facilities; and increasing coverage by strengthening efforts to include vulnerable children and giving attention to non-formal early childhood development in disadvantaged rural areas.

Nonetheless, the successes achieved so far allow some recommendations to be drawn that could help other countries to achieve the same success level of scaling an ECD programme.

- The programme design needs to be solid and adapted to the specificities, conditions, needs and human and financial resources of the location.
- The programme needs a sufficient, stable and dedicated funding source.

- The programme stakeholders, including the implementers, champions and all supporting parties and partners, need to be highly competent, motivated and committed.
- The focus, especially during the pilot phase, needs to be on implementation quality as the strongest advocacy argument.
- The programme needs to have in place an effective capacity-building strategy as well as the human resources to implement it.
- The programme needs to ensure that an efficient awareness-raising, advocacy, and marketing strategy is pursued.

#### **Note**

- 1 This article is a précis of relevant parts of a paper prepared by the Wolfensohn Center for Development Early Child Development Project, entitled *Scaling Up Quality in Early Childhood Education in Macedonia: The scaling up of the Step by Step Program (1994-2001)* and co-authored by Professor Zoran Velkovski of the Institute for Pedagogy at Skopje's Saints Cyril and Methodius University, and Elena Misik, a former UNICEF project officer who managed a national early childhood development project during the period in question.

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## Cultural sustainability and the importance of the collective

S. Anandalakshmy, specialist in child development and honorary advisor to SEWA Child Care, India

**The childcare model built up by the Self Employed Women's Association (SEWA) in Gujarat has caught the attention of the Indian Government as they review public provision in early childhood. In this article Dr S. Anandalakshmy explains how SEWA's involvement in childcare evolved and the services the association provides, and notes the challenges encountered in maintaining quality at scale.**

While media images of India focus on familiar scenes – the historical monuments, the density of urban living, pilgrims thronging the sacred routes, cricket matches, floods and earthquakes – what often fails to get noticed is the quiet drama of people at the grassroots working together and making a tremendous change in their own lives. The Self Employed Women's Association (SEWA) is one such organisation, which has a strong human rights approach and draws its inspiration from the philosophy of Mahatma Gandhi. To understand how and why SEWA works in early learning, it is necessary to understand SEWA's origins and founding principles.

In 1972, Ela Bhatt, a young lawyer in Ahmedabad, decided to step out of the Textile Labour Association and register SEWA as a union of women workers. It was a time when the textile industry in Gujarat was on the decline; several large mills had closed down and thousands of men had lost their jobs. The wives of the textile workers, who had always worked in the informal sector, became the main earners of the family. The women were engaged in a variety of trades: for instance, selling vegetables, recycling waste, embroidering fabric, sewing patchwork quilts.

These women joined up as members of SEWA to improve their access to raw materials and to strengthen their collective voice to demand better conditions of work and payment. At that time, there was no specific labour law to cover them. Even though such women constituted 93% of the Indian labour force, one could say that they were largely invisible to the government and even to the formal labour unions. They were not covered by labour legislation and, because they worked as individuals and had little or no bargaining power, their contribution remained unacknowledged.

SEWA reached out to them and offered them the chance to break the shackles of grinding poverty by organising themselves and using their collective strength for their own empowerment. Among SEWA's members, formed into cooperatives, were women who planned to provide a service such as day care for very young children. The membership of SEWA grew initially at a steady pace, from 1070 members in Gujarat in 1972 to 10,733 in 1982 and 38,135 in 1992. The next 10 years saw a surge in membership that took SEWA into other states. By 2002, SEWA's membership totalled 689,551 (of which over

500,000 members were in Gujarat). At the last count, in 2010, Gujarat had nearly 750,000 members and the total including other states exceeded 1.3 million.

As a federation of women's trade unions and women's cooperatives, SEWA has been unique in the social history of labour in India. The term 'trade union' was literally that, a coherent group of women engaged in the same trade – they were all self-employed, so there was no aspect of collective bargaining with employers. The cooperatives, meanwhile, were organised on the basis of specific services. Like millions of the poor, the women of SEWA have a wide range of abilities and skills that can be transacted for a livelihood, and SEWA's members have been categorised under four main occupational groups:

- 1 **manual labour**, such as agricultural labourers, construction workers and cleaners, as well as service providers
- 2 **street vendors** selling fruit, vegetables, pots and pans etc.
- 3 **home-based workers** such as embroidery workers, bidi makers and agarbatti workers (incense stick rollers)
- 4 **small-scale producers** including craft workers, salt makers, gum collectors and others.

It was an unusual collective, but it thrived – women who were barely literate and struggled for a living demonstrated that, when they worked together, they could take on the world. Arguably the most impressive and far-reaching of SEWA's units was the

*'Shri Mahila SEWA Sahakari Bank'* (SEWA Women's Cooperative Bank), which reached out to non-literate women through such innovations as photo passbooks and transacting the business of banking in the women's own dialects. SEWA's members were helped to apply for loans and were given practical advice on managing their resources. To the amazement of many, Mahila SEWA Bank has had the best return rate on loans in the whole country and has built up sizeable working capital, profit and dividend.

For the first time, women at the grassroots had a forum at which they could plan their livelihoods. They began to have effective control over their own lives and, through hard work and careful saving, they have gradually increased their assets. SEWA's members ask for nothing more than a roof over their heads, the means to meet the basic needs of their families, and an opportunity for their children to get an education – modest aspirations, yet they remain beyond the reach of the majority of the poor in India.

#### **Four distinguishing features of SEWA crèches**

SEWA has always been alert to opportunities presented by government programmes, so when the government offered funding for crèches under a scheme called 'crèches for working and ailing mothers' children' a few small neighbourhood centres were started in the city of Ahmedabad. With the intention of scaling up

Every SEWA crèche worker takes responsibility for specific tasks in the centre and enjoys a fair degree of autonomy.

Photo: Courtesy SEWA



and reaching out to more of their members, the women at SEWA registered two cooperatives in Gujarat for childcare: *Sangini*, established in 1986 in Ahmedabad, and *Shaishav*, set up in 1994 in Anand, in Kheda district, where the majority of women worked in tobacco fields and factories. Incidentally, it took almost 2 years of bureaucratic negotiations to get these cooperatives registered, as cooperatives need to produce a 'product' and the Registrar of Cooperatives could not imagine what the 'product' of childcare could be.

The fact that SEWA is a women's movement, with a vision of the collective strength of women for their own empowerment and dignity,

distinguishes its crèches from other kinds of childcare arrangements in the country in four important ways.

The first is that the crèche worker, or 'teacher' as she is referred to, is from the community and the neighbourhood. Unlike in many educational services for the poor, there is no social distance between the parents and the teachers. The workers in the crèche are all members of SEWA, from the same socio-economic level as the mothers who leave their children there, and generally share their values and customs.

The second point to note is that crèche workers are selected primarily for their positive attitude to handling young children and their ability to multi-task.

No specific educational qualification is demanded, but each childcare centre has at least one educated worker among the three who run it. Recruitment is followed by a brief orientation given by the SEWA Academy, SEWA's training and capacity-building institution, and the workers take up their duties soon after. They receive regular in-service training inputs to improve their skills and to enhance their knowledge.

The third point is that every crèche worker takes responsibility for specific tasks in the centre and enjoys a fair degree of autonomy. Trainers and supervisors are not separate cadres, and a trainer-supervisor visits the crèches regularly to assist the workers with a focus on 'hands-on' training and learning. Decisions on any issue concerning children and the day-to-day management of the centres are taken by the three workers and endorsed later by the cooperative.

Fourthly, childcare is strengthened by other unions and cooperatives under the SEWA umbrella. For example, the health cooperative assists in immunisation and health checks for children, and the milk cooperative provides free milk for infants and malnourished children. The certainty of getting the advice and help they need from their 'sisters' in SEWA adds to the social capital of the community of crèche workers. Without doubt, the women have a 'SEWA identity', a strong sense of belonging, legitimate pride in their work, and confidence in themselves.

### Developing the model and following up

From the start, mothers have participated in monthly meetings when a variety of issues concerning the children's development are discussed. In the last decade, more fathers have also started to attend these sessions – reportedly now about 25% of the total. One anecdotal reason for this is the dissemination among parents of a pictorial tool depicting the stages of child development and what parents can do at each stage, the product of

include celebrations of the festivals of all faiths, and once a year the graduation ceremony worked wonders for public awareness.

SEWA's 3-year participation in the Bernard van Leer Foundation's Effectiveness Initiative, beginning in 1999, built capacity in the cognitive aspects of children's development and the informed handling of children with disability. A process of referral was put in place for any children who had been identified with a lag in development or disability, and classroom activities became more focused on the developmental stages of children. Cloth books were designed for concept development and fabricated by Design SEWA, another wing of SEWA. Charts on the wall were brought down to the children's eye level and blackboards were also installed at a height within their reach.

In addition to the attendance registers and growth charts already maintained at the crèches, this period also saw the creation of a file for each child which could later be updated with news of how graduates did through primary school and beyond. While we knew that this informal record keeping could not begin to match the rigour and precision of some longitudinal studies in other settings, it was a start in tracking the effects of the crèche on the children.

*Bal Mela* ('Children's Carnival') events were later organised, at which children who were alumni of the crèches were invited – through visits, postcards and word of mouth – to

As a federation of women's trade unions and women's cooperatives, SEWA has been unique in the social history of labour in India.

a research study undertaken at SEWA through the Bala Mandir Research Foundation in Chennai; fathers said that seeing the material in a book increased their confidence in the teachers' advice to them and in their ability to care for their children.

The teachers' knowledge of child development was regularly upgraded, and the importance of play in the children's routine was constantly emphasised. Reading and writing were introduced only when the children were close to 5 years old. The SEWA workers maintained close contact with the families of the children by home visits. There was a conscious effort to



come along for games and food. Our volunteers mingled with the children and started discussions about what they recalled most of their 2 or 3 years at the day care centres and what they were doing at present. Many of the children talked about remembering the hot cooked meals, with a different item for each day of the week, and that the teachers knew them by name. Almost all were in school. It seemed apparent that the experience they had at the SEWA centres had been a positive influence on their health and self-confidence, as well as on their ability to handle their school tasks.

#### **Sustainability of the SEWA model at scale**

The expansion of SEWA crèches in recent years has demonstrated that going to scale does not basically conflict with maintaining the quality of care. One reason is that the cultural sustainability of the approach is high, in the sense that the community recognises it as a good service for the children in the area. Elected community leaders (*Agewaans*) in the village identify with the teachers and caregivers. At the monthly meeting of parents, workers and elected leaders there is a sense of shared concern for the children's progress and well-being – a far cry from the adversarial attitudes in many parent-teacher associations.

It also helps that SEWA is a wider organisation which provides not only crèches but other services. Our

childcare centres are located in the very neighbourhoods where our union, health, banking and insurance activities also take place. Every member is also encouraged to use the health services and the cooperative store, to insure herself, and to treat the women's cooperative bank as an approachable financier. The concept of sustainability should also include this aspect of the durability of the collective.

This large network of women workers and union leaders at the grassroots level helps to maintain the quality of our childcare services at scale by ensuring that there are multiple channels and forums for feedback on our services. It is feedback, from parents and others, that matters above all in maintaining quality when services are scaled – along with regular supportive supervision and capacity-building inputs. We ensure that every month we have meetings with parents as a group, on top of daily individual interactions, eliciting their inputs and feedback on the quality of our services.

But maintaining quality is indeed a challenge and some practical constraints cannot be wished away. The financial aspect of sustainability is an issue, as the remuneration for the two or three full-time workers in each centre cannot be below the minimum wage – SEWA has fought many battles with the government and private employers for a fair wage, and it must lead by example. The parents pay a nominal sum as fees, but it would be unrealistic to imagine that this could

ever add up to the amount actually spent. The teachers therefore consider it an intrinsic part of their official duty to collect funds for their centres. Local businesses and shopkeepers often make donations in cash or kind, and there is potential to seek further support from the affluent Gujarati diaspora.

An alternative route to ensuring sustainability at scale, which has been promisingly pursued in recent months, has been to bring the SEWA model of childcare to the notice of policymakers. Mirai Chatterjee, who heads the three wings of social security in SEWA (childcare, healthcare and insurance) was invited to serve on a high-level policy advisory committee set up to review India's Integrated Child Development Services (ICDS). Among the recommendations, which would bring ICDS centres closer to the SEWA model, was for the centres to open for full days (many are open only for half a day), to provide a nutritious, freshly cooked meal to all the children, and to have three workers at each centre. At the time of writing, these recommendations are under consideration by India's national political leadership.

# The evolution of the Foundation for the Development of Caribbean Children

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**The Bernard van Leer Foundation's decision to phase out of the Caribbean region presented the Caribbean Child Support Initiative (ccsi) with a dilemma: without the Foundation's funding, should the ccsi seek to continue to grow through a model of organic change or instead move towards a strategy of institutionalisation? This article considers the pros and cons of the two approaches to scaling-up a successful programme, and discusses how the decision to pursue a strategy of institutionalisation led to the formation of the Foundation for the Development of Caribbean Children as a successor to the ccsi.**

Since the Caribbean Child Support Initiative (ccsi) was launched in 2002, it has reshaped the early childhood landscape in the region, giving more prominence to non-formal approaches to reaching at-risk young children and their families. The ccsi flagship is the Roving Caregivers Programme (RCP), an on-the-ground intervention model to promote care and early stimulation which has filled a void in areas where there are no other similar services available.

In recent years, the ccsi has worked according to three key mutually supporting elements or 'strands':

- 1 **family and community interventions** (the continued replication of RCP and piloting of some other models)
- 2 **knowledge building and application** (with greater emphasis on developing a community of learning among academic researchers), and
- 3 **policy advocacy and communication.**

This three-strand approach sought to achieve an equal balance between policy advocacy, knowledge building and grounded practice.

The announcement of an imminent end to funding from the Bernard van Leer Foundation in 2011 drove ccsi stakeholders to look for ways to keep alive what had been achieved. The ccsi found itself at the crossroads of two paradigms of change: a paradigm of organic change and a paradigm of institutionalisation. Each offered a different 'take' on ccsi's way forward, and each put emphasis on different sets of relationships and world-views. It is not that one paradigm is intrinsically better than the other – in fact, it is common to find the organic view predominating in early phases, while the imperative for institutionalising comes to the fore later on. Managing a merger and a transition between the two – and keeping everybody 'on-board' – is, however, never easy.

The central features characterising the **organic change** paradigm were identified as:

- networked relationships held together by flows, exchange, personalised contact
- ability to morph and change shape
- adaptation to new situations

- appropriating, incorporating, indigenising influences
  - ability to embrace unintended consequences.
- In contrast, central features of the **institutionalisation** paradigm included:
- consolidation, management and regulation of activities
  - architecting, structuring and building institutions
  - strategic alliances for replication and implementation
  - strategic alliances for financial sustainability
  - professionalisation, standardisation, documentation.

In short, while the organic change paradigm gives weight to personal relations, agency, complexity and mutation, the institutionalisation paradigm emphasises consolidation of structures, predictability and instituting regulated ways of doing things. The question posed by a report on the CCSI conducted by the UK's Institute for Development Studies in 2009 was: how could the CCSI carry forward and continue to build on its achievements in relation to an organic paradigm of change while consolidating a process of institutionalisation? (Wilson and Eyben, 2010).

**From organic change to institutionalisation**

The CCSI had started out firmly in the paradigm of organic change. When initially set up, it was envisaged as a non-institutional initiative, operating with a network structure and opting for a loose and flexible membership while showing affinity with the Bernard van Leer Foundation's working principles and legacy in the region. It set out to be an enabler and mobiliser, to tie in with the common values and beliefs of stakeholders around a specific thematic niche. Various stakeholders agree that the CCSI was characterised by being flexible, adaptable and networked, with

Figure 1 Two paradigms of change

ORGANIC CHANGE	INSTITUTIONALISATION	OPPORTUNITIES
Networked relationships held together by flows, exchange, personalised contact	Consolidation, management and regulation of activities	Leveraging the network as a synaptic evolution emanating from a consolidation of learnings from earlier phases and articulation of core principles emerging from practice
Ability to morph and change shape	Architecting, structuring and building institutions	Phase 3 change – neither loose amoebic nor rigid architecture but synaptic
Adaptation to new situations	Strategic alliances for replication and implementation	Alliances can enhance adaptative potential ... Alliances must grow the network
Appropriating, incorporating, indigenising influences	Strategic alliances for financial sustainability	Financial sustainability – like other expressions of continuity – only possible where the response is rooted
Ability to embrace unintended consequences	Professionalisation, standardisation, documentation	
We live in a new era of interpolarities ... Change can be at the same time chaotic or unpredictable while evolving intelligently. The network is the central nerve system; each node is an evolving intelligence responding to its circumstantial stimuli but maintaining a highly functional relationship with the rest of the network		

Source: Adapted from Eyben and Wilson, 2010

Home visiting activity of the Roving Caregivers Programme In Dominica.

Photo: Peter de Ruiter/Bernard van Leer Foundation



congruence between key qualities and ideas.

What happened to relations between CCSI's three strands? Although balance and synergy were desired from the start, each strand had come to reflect the views, locations and experiences of a specific 'professional' group, itself a mini-network, belonging within the wider CCSI community. Each contributed knowledge and expertise that might dovetail with, yet still remain separate from, the other two. In other words, an important way of incorporating plurality was to work in practice with a 'conglomerate' model, where the strands mark out different domains. Achieving 'harmonisation' to some

extent entailed allowing each strand to coexist as a separate entity. Thus an advantage of the three-stranded approach was that it helped contain friction and difference among the principal constituencies brought together.

The imperative of institutionalisation was, however, increasingly strongly felt at CCSI even before the Bernard van Leer Foundation's decision to end funding. This was a response to internal dynamics and stages reached in the life cycle of programme activities. By 2009, institutionalisation topped the CCSI's agenda and opened up new questions. According to the paradigm of institutionalisation, if early child development is to continue

along the lines that CCSI pioneered, in order to ensure sustainability regional actors – both government and private sector – must be persuaded of the efficiency and cost-effectiveness of the flagship RCP programme. One rationale for thinking in terms of efficiency and cost-effectiveness is that this discourse appealed most to institutions that needed to be ‘brought on board’ in the hope that they could give reliable, long-term support. The logic to this rests on a series of considerations that can be detailed as follows:

- Sustainability, both financial and operational, is integrally linked to successful institutionalisation. For CCSI, this focused on ensuring the survival of an RCP type of service.
- In future, RCP lead agencies at national and regional levels need to be stable, able to access sufficient funds and resources, and have transparent, accountable governance structures. RCP lead agencies at national level were finding it difficult, if not impossible, to carry the full burden.

One trajectory of institutionalisation envisaged was to get a firmer commitment from government. The CCSI had started out by being wary of government involvement because of its apparent lack of affinity with experimental projects, preferring to make partnerships with NGOs. This shifted over time as the public sector came to be seen as the most likely source of RCP’s financial sustainability – able to pay salaries and stipends,

scale-up the programme and spread it to disadvantaged communities throughout the country. Government involvement presented both opportunities and difficulties:

- Since early child development (ECD) involves both an educational perspective and a welfare perspective, in policy terms this means that programmes for early child development cross administrative boundaries, and fall within a number of portfolios and ministries. This may mean that RCP would be shifted as part of a broader portfolio from one line ministry to another. But it also means that there are opportunities for dovetailing and integrating RCP with other state-provided services at community level.
- Early child development, like social development policy in general, involves initiating and nurturing processes playing out over the long run. For busy ministers and civil servants working in environments where there are frequent changes in government, posts and appointments, there is a tendency to put long-term policies such as ECD on hold.
- ECD has to compete for the attention of politicians whose interests are captured by the immediate concerns of voters. Getting ECD policy frameworks accepted nationally and regionally so that they become part of legislation has been time-consuming and results are uneven.

- Regional governmental bodies, such as those associated with the Caribbean Community (CARICOM), have not had much clout.

The second trajectory envisaged for the future of RCP was to get support and commitment from the private sector. CCSI announced its commitment to bringing government and the private sector together by forging and strengthening partnerships, and pressing for a realignment of relevant government ministries and development of effective public–private partnerships in order to provide sustained quality services. But working towards new public–private partnerships was not straightforward and required a very delicate balance given the highly personalised nature of networks and the fact that influential actors may wear many hats.

#### **Institutionalisation, advocacy and sustainability challenges**

The imperative of institutionalisation brought the advocacy strand to centre stage, working at two levels – the micro and the macro. At community level, greater efforts were made to empower parents so that they would become influential as activists, able to bring the RCP to the attention of local leaders, politicians and the media. One of the messages CCSI sought to relay was that being a ‘good’ advocate is not about being a loud-mouth but can be done quietly and insistently. The task is to move parenting from the private to public sphere.

Transforming beneficiaries into advocates dovetails with the paradigm of organic change. Indeed, it takes up an important constitutive element of the original Rover Caregivers Programme of Jamaica that appeared to have been lost in translation to other settings: bringing parents in as collaborators so that they actively become co-creators. Generally, early child development and parenting have not been seen as a rallying cry for political or grassroots movements. However, threat of programme closure served as an impetus to change this. Through advocacy, practitioners, Rovers, interns and parents, came together and collectively started to make demands to keep the programme running, which found important continuity with the paradigm of organic change.

The conceptual framing at the macro level is different. CCSI's advocacy strategy was associated more clearly with the paradigm of institutionalisation. Attention was focused on providing evidence and channelling findings from scientific research. Relevant material from wide-ranging sources was culled and summarised by CCSI's advocacy team to attest to the vital importance of early child development and convince sponsors and funders of the efficiency and cost-effectiveness of RCP. Reaching powerful and influential people who had many competing demands meant slanting the CCSI message and

producing short sound-bites, policy briefs and talking points. 'Champions' were sought out, people with a standing in society, who are willing to take up the CCSI cause and plead the case of ECD.

CCSI also faced three dilemmas regarding sustainability of the programme, in the context of transition from the organic change paradigm to institutionalisation:

**The imperative of institutionalisation was a response to internal dynamics and stages reached in the life cycle of programme activities.**

#### **Replication or adaptation?**

The history of the RCP in the region displayed an interplay between replication and adaptation, from its pioneering experimental phase in Jamaica through its selection as an indigenous 'best practice', to implementation elsewhere. The threat is that replication loses innovativeness, dynamism and flexibility, yet there seemed to be important changes of an organic nature taking place. It was clear that replication could not be seen as spelling uniformity and rigidity, but needed to be shaped by the different tempos of the varying contexts.

#### **Ongoing invigoration of networks**

The paradigm of organic change which underpinned CCSI was founded on

concepts of partnership and flexible networks. While the three-strand approach will be retained by the CCSI's successor (the Foundation for the Development of Caribbean Children), it will not obscure the need to revisit issues of partnerships and networks in the wider CCSI community. One important reason for doing this is because one can see new kinds of networks emerging among social actors

who were not seen as 'networked' before. If collective action is to be launched at the grassroots level, from the communities, then it is important to see how and where this collectivity can emerge.

#### **CCSI's critical role and passing on the mantle**

As a support mechanism at the centre of a nexus of relationships, CCSI negotiated not only between different people and interests but also between different discourses held by its stakeholders. One of CCSI's important contributions has been to bring about overall congruence in the network – in other words, getting different agents to recognise themselves as linked by conviction to a single cause. Strength

of commitment and sense of mission allowed differences in terms of background, generation, class, interests and position in the network to be tolerated.

### **The Foundation for the Development of Caribbean Children (FDCC)**

The FDCC was officially launched in June 2011 as a successor to the CCSI. It was conceptualised in keeping with the CCSI's purpose of strengthening the care environment for young children in the Caribbean, and a vision of the Caribbean where young children from all social and economic backgrounds have equal opportunities to reach their maximum potential. To achieve this vision, it set its mission to significantly increase the number of disadvantaged children who acquire the knowledge and skills to prepare them for entry into primary school and lifelong learning through access to quality early childhood development support services.

The FDCC is a Caribbean foundation, led by a Caribbean board, managed and operated by Caribbean nationals to provide funding and technical assistance to Caribbean countries to ensure that socially vulnerable Caribbean young children develop knowledge, skills and have access to quality ECD. This targeting of the socially vulnerable children aged 0–5 sets FDCC apart from other operators in the ECD landscape, who typically focus on the mainstream and on children who have already entered the formal structures of education.

The FDCC is committed to ensuring that not just the government but also the wider community own the ECD agenda. This will ensure that demand for quality ECD will be driven and supported locally. Thus, initially funding will be sought from Caribbean businesses and individuals and co-financing agreements will be sought with governments and corporate entities of the recipient countries. Mutual accountability by the FDCC and its beneficiaries will be necessary to improve the confidence of the philanthropic landscape. Where external funding or expertise is sought, the intent is that this should be for a predefined period, with knowledge and skills being transferred to the region and the recipient countries moving towards self-sustainability over time.

In institutionalising through the FDCC, the CCSI and its regional partners committed to ensuring that the concepts behind the initiative live on after the end of the funding, to continue engaging existing networks of practitioners, and to 'anchor' the discourse on child development and family support. The three-stranded model is essential to the future direction of any organised attempt to strengthen the care environment for young children. In institutionalising the CCSI process, it was important to build on the awareness of the processes and convince others of their importance and effectiveness in facilitating ECD and family support initiatives in the region. The CCSI Strategy Group, which was

succeeded by a private sector-led task force, emphasised the importance of advocating for more support of young and disadvantaged children.

Establishing a regional intermediary player and catalyst – a private foundation – will enable advocacy for this group to continue. Beyond 2011, the FDCC will continue to provide a critical contribution to the provision of support for at-risk children. In conjunction with continuing its proactive role with the private sector and help to generate, manage and disburse private and corporate funds it could facilitate the convergence, where possible, of initiatives into existing services (economic, education, health and social). By forging public–private partnerships in the region on matters of child advocacy, policy and financing, the new foundation will create its own unique niche.

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# The challenge of assessment: scaling-up the Reggio Emilia approach in the USA?

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**The distinctive approach to early childhood education that was developed in the Italian city of Reggio Emilia is known and admired by many educators around the world. Yet, given its renown, the number of schools practising a Reggio-inspired approach is arguably smaller than some would expect. In this article Lella Gandini examines the challenges faced in assessing the Reggio approach in the United States – notably the demands for measurable proof of results.**

Over the past three decades the early childhood educational experience of the Italian city of Reggio Emilia, population 170,000, has created a worldwide movement. It has inspired educators in a variety of cultural, political and economic contexts, testifying to both the high quality and the adaptability of this approach. Since I published the first article about the Reggio Emilia approach in the USA in 1984, I have encountered many hundreds of teachers at presentations and conferences and visited many schools inspired by the principles of the Reggio philosophy and practice. Interest continues to increase.

Yet this story of success also presents a puzzle for some people: why, they ask, has the Reggio approach not spread even more widely among schools in the USA, given the high regard in which it is held? Three main factors can be identified. The first is that Reggio educators have purposely not set out to encourage their way of working to be copied. Unlike some other educational approaches, such as Montessori, there is no prescribed written definition of what constitutes a Reggio approach, and no way to be officially certified as a Reggio Emilia school. Integral to the

Reggio philosophy is a deep respect for place, culture and social diversity, such that the overall approach is not codified into a rigid orthodoxy or intended to be instituted and observed in precisely the same manner wherever it may be found.

On the contrary, the local topography, climate, ecology and human history should be considered fundamental raw materials for children's exploration. Dictating how educators should organise a curriculum built around the local environment, or how children should follow a set sequence of developing one specific skill before moving on to the prescribed 'next step', has no place in the Reggio approach. It is, rather, a philosophy to be adapted in a way that respects new cultural and social contexts. There are many ways to create a Reggio-inspired school without compromising fundamental principles of the approach.

A second factor has to do with the question of 'cultural knots' – a term used by Ben Mardell in the book *Making Learning Visible*, published by Harvard's Project Zero and Reggio Children in 2001 (Giudici *et al.*, 2001). Cultural knots are deep-rooted ways



There is a widespread and mistaken view that the Reggio approach is incompatible with assessments of children's progress.

of thinking and doing that may be difficult to challenge and change. To take one example, in US culture time is often divided into strictly scheduled chunks, with educators thinking of their days as fragmented into blocks of 30 minutes. The Reggio approach, in contrast, offers a much more flexible attitude towards how the day develops, with learning experiences typically running over considerably longer time periods. Educators in other cultures may need to untie this and other 'cultural knots' before they are able to apply the Reggio philosophy in their respective contexts.

Thirdly – and this is the main subject of this article – there is the question of measurement and assessment. While private providers in the pre-primary sector have substantial flexibility to adopt the approaches they choose, educational providers in the USA who rely on public funding must demonstrably meet defined standards to maintain that funding. Assessments of these standards have a positive intent, namely to ensure that children are learning. But they can also generate fear of trying anything new. Teachers may understandably focus on ensuring that children know what they need to pass tests, often to the detriment of other learning.

There is a widespread and mistaken view that the Reggio approach is incompatible with assessments of children's progress. As this article will show, numerous examples testify to the fact that Reggio-inspired schools can

pass assessments required to maintain public funding. It will then also describe how researchers are working to develop new methods to assess children, with the potential to persuade more schools to adopt the Reggio approach.

#### **Reggio-inspired schools and assessment**

How can the Reggio approach – featuring children's construction of learning through inquiry and expressive language – be combined with a curriculum that demands specific outcomes and assessments that require demonstrations that children are learning according to defined standards? Several schools and even school systems have found satisfactory answers.

Some of these answers build on a distinguishing feature of Reggio early education: documentation. In-depth documentation reveals the learning paths that children take and the processes they use in their search for meaning. Documentation helps teachers and children reflect on prior experience; listen to each other's ideas, theories, insights, and understandings; and make decisions together about future learning paths. A commonly noted feature of children in Reggio schools is their meta-cognitive understanding of their own learning processes. Documentation does not mean measurement. Documentation consists of 'traces of learning', but no trace of learning

### The Reggio Emilia approach

The educational journey of Reggio Emilia started with the spontaneous initiative of parents in the countryside who, at the end of the Second World War, built a school from the ruins with the intention of constructing a better life for their children. At the same time, Italian intellectuals were arguing that schools could and should be an engine for social change. A young elementary-school teacher named Loris Malaguzzi biked into the countryside of Reggio Emilia to see for himself what those parents were up to. What he learned led him to emerge as the intellectual and organisational leader of the Reggio Emilia philosophy of education (Edwards *et al.*, 1998).

In the early 1980s, Malaguzzi created an exhibit on what he and his colleagues were achieving in their city. Viewers flocked to the exhibit, and soon it was on display in Sweden and other European countries. In 1987 a new and enlarged version, 'The Hundred Languages of Children', began to tour the USA. This exhibit led to further versions – such as 'The Wonder of Learning', currently in the USA and in Japan – that travel the world over. The publication in 1993 of a collection of essays on the Reggio approach, also titled *The Hundred Languages of Children* (Edwards *et al.*, 1993), did much to stimulate further interest, as have professional societies such as the North American Reggio Emilia Alliance, and

those in many other countries, including for example the Korean Association for the Reggio Emilia Approach and the Ontario Reggio Alliance.

Just before his death in 1994, Malaguzzi established Reggio Children, a non-profit organisation. The Reggio Children website (<http://zerosei.comune.re.it/inter/index.htm>) offers this succinct statement of fundamentals:

*The Reggio Emilia experience fosters children's intellectual development through a systematic focus on symbolic representation. Young children are encouraged to explore their environment and express themselves through multiple paths and all their 'languages', including the expressive, communicative, symbolic, cognitive, ethical, metaphorical, logical, imaginative, and relational.*

The Reggio approach respects every child's potential for developing competencies. Educators provide multiple choices for exploration, support a collaborative and inquiry-based approach to learning, and favour small-group work and project learning. Two co-teachers work with the same group for 3 years and the school operates on a community-based management method of governance. Education is seen as a communal activity – a sharing of culture through joint exploration by children and adults who construct learning experiences together.

is limited in its interpretation to a standardised unit of measurement. Nonetheless, documentation may

be used as a basis to reveal a child's competences and learning (Fyfe, in press).

For example, Chicago Commons is a charitable organisation that administers programmes for government agencies such as Head Start. Each agency establishes its own standards, although some offer a choice of ways to assess progress. For the Department of Children and Youth Services of Chicago, Chicago Commons' preferred assessment instrument is the 'Work-Sampling System' (wss). The wss asks for evidence, for example, that 4-year-old children show eagerness and curiosity as learners; demonstrate self-confidence; use classroom materials carefully; interact easily with one or more other children; and so on. An assessment is based on regular documentation of children's work that is stored in the portfolios, binders, and journals of the Commons preschool classroom. All this is readily compatible with the Reggio practice of documentation (Scheinfeld *et al.*, 2008).

The same system used for assessment in this disadvantaged environment in Chicago serves equally well in the Fort Hill Infant–Toddler Center and Preschool, a private entity operated by a liberal arts college in Northampton, Massachusetts, serving the children of college professors and others from the community (Lees, 2011).

Chicago Commons personnel treat the various external requirements as challenges; they brainstorm to find creative responses compatible with the main focus of their programme.

A commonly noted feature of children Reggio schools is their meta-cognitive understanding of their own learning processes.

Photo: Courtesy Ochoa Elementary School



Other examples of such responses, including one by a state government, illustrate this point. After the Reggio exhibit visited Columbus, Ohio, in 1993, the Office of Early Learning and School Readiness of the State of Ohio Department of Education undertook a state-wide and multi-year project to organise groups of teachers to study the Reggio approach and to exchange ideas and experiences about implementing it. Together the 42 groups, made up of over 500 teachers, put together an exhibit that brought the fruits of their experience to their fellow teachers and the tax-paying public of the state. These included the attitude they favoured for confronting the issue of having to meet standards:

As a community of learners we know that ... if we embrace standards as guidelines for facilitating meaningful experiences ... then it is possible for school to be a place where emergent curriculum and content standards can coexist and children's research can come alive.

(Shoptaugh *et al.*, 2006)

At the Opal School in Portland, Oregon, a public charter elementary school that includes a preschool, staff members consider standards as resources rather than obstacles. They address the Oregon Academic Content Standards by 'chewing on the big ideas found in the Common Goals, rather than on the bite-sized pieces assigned

to each grade level'. Children at this school score well on the required tests (Graves and MacKay, 2009).

Our final example is the Ochoa Elementary School in Tucson, Arizona, just 65 miles from the Mexican border. Children are predominantly from low-income, Spanish-speaking families. Over three harrowing years, the school was brought back from the brink of closure for failing to meet performance targets under the No Child Left Behind Act. Instead of being left behind, Ochoa, by embracing the Reggio approach, became a model for others to follow. The school recently received a grant to become a Reggio-inspired Community Magnet school. Ochoa intends to follow the examples of and collaborate with the Opal School and Chicago Commons with regard to assessment (Krechevsky *et al.*, 2011).

#### **New directions in assessment**

In parallel to these efforts of Reggio-inspired schools to address current assessment requirements, another approach is to find new ways to assess schools and children's learning that are also in keeping with the Reggio approach.

The effort to devise new assessment measures is being led by Making Learning Visible researchers Mara Krechevsky and Ben Mardell at the Harvard Graduate School of Education's Project Zero, and Karen Haigh from Columbia College, Chicago. For over a decade these individuals have worked with

educators in public schools to adopt Reggio-inspired ideas and to help children master basic literacy and numeracy skills. Nonetheless, the lack of child outcome data hinders expanding this work to other public settings that serve children from disadvantaged backgrounds (Baker *et al.*, 2010).

The Project Zero researchers therefore plan to create authentic measures of critical thinking, communication, collaboration, and creativity in order to assess the impact of Reggio-inspired teaching on children's learning. The assessments will target three primary contexts: teacher-led conversations, child-directed activities, and structured small-group tasks. For example, the assessment of teacher-led conversations with children (whole or small group) will consider such questions as:

- How do teachers facilitate the conversation? Do they refer children to other children?
- Are new statements linked to previous ones and do ideas build on one another? Do children and adults listen to each other?
- What is the purpose of the conversation? Is it to share what children already know or build new knowledge? How do children structure their sentences?
- Do children help each other by providing critiques or explaining ideas to each other? How do they handle conflict? Do they use a language of thinking and emotion?

- Is there laughter and are there expressions of excitement and joy? The assessment of child-directed exploration in groups will focus on:
  - What is the quality of the exploration? Given the children's ages and experiences, is the play scenario sophisticated and complex or more limited? Are the children open to multiple solutions?
  - What is the quality of the children's interactions? Do they share ideas with one another? How do they solve problems and deal with conflict?
  - What is the role of the teacher? How does the teacher respond to children's ideas and questions? How does he or she deal with conflict and issues of sharing and equity?

The structured, small-group task will involve a standardised activity where children will be asked to solve a problem (such as communicating to a new classmate the rules of the school) or use materials to create a product (for example, fashioning a present for the teacher). The group process will be video recorded and analysed for the degree of collaboration and creativity. How the group communicates its ideas (for example, whether it uses some form of written notation) will also be assessed.

The quest for a new method of assessment, conducted thoughtfully, is undeniably worthwhile. The resulting data could provide the evidence needed to persuade administrators that Reggio-inspired schools are superior both in quality and support of

children's learning. Whether this would lead to scaling without sacrificing that quality remains to be seen.

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# Measuring quality and using it to improve practice and policy in early childhood development

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**The quality of early childhood programmes is key to their effectiveness in improving the health and the cognitive and socio-emotional development of young children (Yoshikawa, 1994; Administration for Children and Families, 2002; La Paro *et al.*, 2004; Paulsell *et al.*, 2010). However, we lack understanding of how to measure the quality of early learning environments, especially in low- and middle-income countries, and how to apply the results to improve early childhood development (ECD) practice and policy. In this article, the authors propose a framework for conceptualising and measuring quality in global contexts and make recommendations for how policymakers, practitioners and researchers can work together.<sup>1</sup>**

What do we mean when we speak of ‘quality’? Quality is the critical ingredient of programmes linked with child outcomes, yet it resists a simple and universally applicable definition. The quality of ECD services is indicated by multiple dimensions such as their cultural appropriateness, intensity and duration of the programme, the skills of staff, and features of the physical, social and learning environment.

Quality is a dynamic, flexible and adaptable construct. It contours itself across cultures, settings, time and types of intervention, which is of particular relevance for ECD given the range of programmes. From parenting programmes and home visiting programmes to early stimulation in nutrition interventions and preschool education, there is wide global variation in the types of ECD programmes, and the sectors, actors, and target populations involved – a rich and complex set of settings within which quality needs to be understood and improved.

The task of conceptualising, measuring and improving quality is important because, along with access, quality is a key feature of successful policies. Together, access and quality enable policies to contribute to the goal of equity in early childhood development. In recent years, however, international policy guidelines such as the Millennium Development Goals (MDGs) and Education for All (EFA) have tended to stress access over quality. With their focus on narrowly defined goals such as primary school enrolment and child survival, the MDGs and EFA do not speak directly to the quality of services required to achieve improvement in young children’s learning, health and behaviour.

As a result, while developing countries are expanding and scaling-up ECD programmes and policies, there is an abyss in understanding how to measure and improve their quality. The predominant approach to measuring the quality of ECD programmes and policies in low- and middle-income

Given the importance of differences in culture, it may not be possible to develop a single, uniform definition of quality that applies across even one nation, let alone globally.

Photo: Jim Holmes/Bernard van Leer Foundation



countries has been to conduct child assessments and report aggregated data at the programme, local, regional or national level (Guhn *et al.*, 2007; Brienbauer, 2008). This approach has a number of inadequacies. Simply tracking 'before' and 'after' data on child outcomes does not provide direction concerning how to improve programmes or services. Often, the aim has not been to understand a programme so that it can be improved, but to support policy advocacy by reporting only enrolment. And a focus on child enrolment or assessments alone often fails to consider context and culture, lacking local perspectives on the purpose and desired outcomes of early childhood services.

Given the importance of differences in culture and perspective, it may not be possible to develop a single, uniform definition of quality that applies across even one nation, let alone globally. Our aim is therefore not to provide a globally applicable definition, but to set out a globally applicable conceptual framework that can be used to work towards local definitions. It is possible that the term 'quality' itself is a problem, as it suggests uniform standards; a better term in this era of evidence-based policymaking may be 'effectiveness factors', or aspects of quality that are specifically linked to greater improvements in family and child outcomes (National Forum on Early Childhood Program Evaluation,

2007). Nonetheless, for this article we stick with ‘quality’ as the more commonly used term.

### **Conceptualising quality: four levels of an ecological pyramid**

Our conceptualisation of the quality of ECD programmes builds on two aspects: dimensions of quality, and the levels at which they are considered. We can first conceptualise the levels using a pyramid with systems at its base, moving up the levels of context to the ultimate target of change – young children’s well-being – and then consider five dimensions of quality that cut across these adult agents of change, settings and systems.

At the top of the pyramid are the ultimate targets of change: children. The effect on their well-being of ECD programme quality is typically measured through the characteristics that caregivers show in their moment-by-moment interactions with children, such as affect, language, cognitive stimulation, responsiveness or behaviour management approaches.

The second level of the pyramid addresses ECD programmes that primarily target adults responsible for the care and education of children – for example, parents and caregivers; childcare providers; and parent education, health or other service providers. Quality in such programmes can be measured through studying the characteristics of adult–adult interactions, which are then hypothesised to influence children’s health and development.

Moving down a level on the pyramid, we come to settings. It is vital that quality be conceptualised at the level of settings – some of the most widely validated measures of quality in ECD services are those that assess ECD centres or preschools as settings, through such metrics as staff–child ratio, qualifications of caregivers, quality of instruction, or aspects of teacher–student and student–student interaction. A few measures also exist to assess the quality of home-based childcare and education settings as well as the quality of services provided directly to parents through programmes such as home visiting.

Our conceptualisation recognises, however, that settings need to be defined more broadly than as homes and centres. Early childhood programmes may be implemented also in communal village spaces, courtyards of buildings, or workplaces of various kinds, and through social networks in which the categories of ‘target population’ and ‘service provider’ are blurred, as for example when peer-to-peer methodologies are used to spread knowledge among parents.

Our conceptualisation further recognises that a comprehensive view of quality in ECD programmes and policies requires attention to ecological levels beyond the setting level, into the wider level of systems – the bottom level of our pyramid. Systems, by our definition, are the larger organisational and institutional structures within which ECD services are situated. We

define systems at three levels: local support systems, sub-national systems and national systems.

Local support systems include ways of channelling material resources such as cash and food to local programmes, places of service delivery such as health centres, and training structures for local service providers. The systems may be based in NGOs, private entities or local government. The quality of these support systems is not often considered in conceptualisations of ECD programme quality, but the quality of any programme is critically dependent on the skills of front-line service providers such as home visitors or preschool teachers – and the most brilliantly conceptualised programme will fail if the local support systems fail to deliver the necessary resources. The ability of local support systems to develop the skills of front-line providers should be considered a critical aspect of ECD quality.

Sub-national systems include organisations or institutions at the level of states, provinces or cities, which are responsible for administering the local support systems and coordinating policy. They also may be private, public or a combination. The resources, human capital and monitoring functions of such administrative units are also vital but often overlooked aspects of quality in a national ECD system.

Finally, assessing quality is most challenging at the national systems level, where countrywide institutions

such as ministries of finance, education or health, national and international NGOs, or for-profit companies may administer particular aspects of ECD programmes without being primarily focused on ECD (Grover, 2010). Communication among these ministries and NGOs, and both the goal setting and the strategies in place to improve quality of ECD in programmes and communities across the nation, are policy-level aspects of quality.

quality in, for example, urban versus rural areas (Dahlberg *et al.*, 2007). Or the values and principles that drive donor organisations may clash with local values and result in misguided implementations of ECD programmes. Different societies resolve in different ways the tensions between ‘adult-centred’ and ‘child-centred’ views, between valuing children intrinsically or instrumentally for the work they can or will be able to do.

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### **Five dimensions of quality within and across settings and systems**

The literature on ECD quality in the developed world commonly distinguishes between structure (for example, child–teacher ratios) and process (for example, aspects of teacher–child interaction). Our characterisation encompasses dimensions that are not well captured by this distinction. We propose five dimensions to quality that are applicable across ECD systems and settings.

#### **1 Alignment with the values and principles of a community or society**

On this dimension, the same programme or policy may be considered of radically different

#### **2 Resource levels and their distribution within a setting or system**

This dimension includes both material resources – for example, provision of nutritious meals or snacks, the quality and accessibility of print materials, or the level of incentive in a conditional cash transfer programme – and human resources or capacity, such as the educational level of an early childhood caregiver or the skills level of a health worker.

#### **3 Physical and spatial characteristics associated with meeting basic needs and minimising environmental dangers**

In the developing world, reducing exposure to accidents and unanticipated threats is a key feature



of quality, and highly dependent on context. Examples could include boundaries to prevent large animals from entering a setting where children are present, accessibility issues for children or parents with disabilities, or the capacity of support networks to withstand risks from ecological degradation, conflict or natural disasters.

#### 4 Leadership and management

At the setting level, this dimension encompasses the relative degree of priority given to ECD, and responsiveness to issues such as provider or teacher turnover. At the support systems level, it includes such factors as responsiveness to local staffing shortages, commitment to improve professional development opportunities, and capacity to monitor local delivery channels for material resources. At sub-national and national systems levels, intersectoral ECD policies require collaborative leadership and sharing of information across donor agencies, ministries and their associated sub-national organisations.

#### 5 Interactions and communications

Particularly in communities where participation in ECD services may not be a cultural norm, language and mode of communication are often the first experience of a programme and are especially important for reaching marginalised, vulnerable or excluded groups such as immigrants without legal status, ethnic groups

who experience discrimination, or children or parents with disabilities. At all levels, from settings to national systems, the nature of communication and interaction across sectors – health, nutrition, education, mental health, social and child protection – is critical to ECD service quality.

#### Conclusions and implications for policy, practice and research

Improving the quality of ECD programmes is an urgent international issue, as an increasing number of countries expand access to those programmes. Yet we lack the tools to assess the quality of ECD services and settings and the processes for embedding them in local, regional and national quality measurement systems. We therefore conclude with four recommendations for how policymakers, practitioners and researchers can work together, using our conceptual framework, to improve ECD programme quality.

#### Include quality in guiding frameworks and policy development

Without attention to quality in programmes, we will not close the gap in child outcomes between the more and less advantaged. The international community is now moving towards articulating the next generation of social and economic targets as the current MDGs and EFA end in 2015. These global frameworks should include indicators for ECD programme quality at the multiple ecological levels

of systems, settings, and interactions with adults responsible for caring for children. As long as we retain traditional benchmarks we will not be able to achieve equity in learning and development for young children. As mentioned before, while a uniform global definition of quality is not feasible, the proposed conceptual framework provides a flexible approach that stakeholders can use to guide global, regional, national, and sub-national quality measurement efforts designed to ensure and sustain ECD service quality.

#### **Build capacity to link research to local policy and practice**

Research by outsiders focused on child outcomes often does not help our understanding of how to improve ECD programmes and policies in specific local contexts. There is a huge need for locally generated research, conducted by researchers who are knowledgeable about the country context as well as the broader range of interventions used by other countries, to help policymakers and practitioners be realistic about what can and cannot be achieved. A promising model for such partnerships

Without attention to quality in programmes, we will not close the gap in child outcomes between the more and less disadvantaged.

#### **Strengthen national systems to support quality improvement**

Many developing countries have multiple, uncoordinated sources of funding for ECD programme research – from government and NGOs to foundations and academia – and little infrastructure to support reporting about findings at a country level or in local languages. Often, research aims to find out what donors want to know rather than what local people want to happen. A more systematic approach is required to building capacity in data and research on ECD quality, one that meets accountability requirements while also addressing information and data gaps.

among researchers, policymakers and practitioners is the Early Childhood Development Virtual University, a programme at the University of Victoria, Canada, which has been implemented in sub-Saharan Africa, the Middle East and North Africa (Pence, 2004).

#### **Develop collaborative processes to build trust and respect**

Using research to improve practice requires a collaborative, co-constructed approach with multiple stakeholder groups who have strong relationships built on trust and respect and a willingness to change and to welcome

outside perspectives. Trust and respect are particularly important when evaluation includes direct observations of individual service providers – there must be clarity about how the information will and will not be used.

Any attempt to apply a conceptual framework for ECD quality at a local level must therefore begin with a collaborative approach to defining the programmes for which quality measurement is most urgent, and the ecological systems levels at which quality measurement and improvement should be implemented. Programme stakeholders should be asked to define the mechanisms of change, and a decision made on whether an existing measure of quality can be adapted from the international literature or a local measure needs to be developed.

Ultimately, the goal is to generate data to inform the work of practitioners and providers both vertically, across all levels of a programme or policy's implementation, and horizontally, across instances of replication and scale in ECD (Yoshikawa *et al.*, 2002). Only when research on quality is actually used to drive policy and practice, at all levels from direct service providers through support service providers to national-level decision-makers, can it contribute to improving equity of children's outcomes.

#### Note

- 1 This article is adapted from a longer paper, 'Quality of early childhood development programs in global contexts' (Britto *et al.*, 2011), published this year by the Society for Research in Child Development (SRDC) in their quarterly *Social Policy Report*. We are obliged to the SRDC for their kind permission to abridge and republish this important work.

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## Can mobile technology really make kids smarter?

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**The world is undergoing a mobile technology revolution that may greatly affect the way we educate our young children. There has been much discussion about the potential of mobile technology to engage young children in educational activities, but so far research has been slow to catch up. What do we really know about mobile technology and its role in education? This article briefly discusses the educational potential of mobile technology for young children, what we know to be true from research, and parental misconceptions.**

Over 40 years ago, *Sesame Street* changed the meaning of television for young children and their families. Watching television became an activity that any child could enjoy with his or her parents and learn at the same time. Mobile technology is now presenting us with a similar and potentially even more exciting opportunity to bring quality early learning to young children on a massive scale.

As with televisions, mobile technology – smartphones, laptops and netbooks, tablets such as the iPad and e-readers such as the Kindle – is fast becoming a staple in every household in many high-income countries. Almost every American household (99%) owns at least one television (Nielsen Media Research). In comparison, about three-quarters of American adults owned a cell phone in 2010 (Kaiser Family Foundation, 2011). Interestingly, this statistic remains about the same regardless of race and income. Furthermore, adults in minority communities are actually more likely to use their phone as their internet source than are white adults (Lenhart, 2010). The prevalence

of smartphones will only continue to grow – Nielsen Media Research estimated that by the end of 2011 50% of cell phone users will be using a smartphone. As mobile technology becomes as ubiquitous as television, it can provide a unique opportunity to reach across the ‘digital divide’ (in 2000, 81% of children in higher-income communities in the USA had a computer at home compared to only 49% in lower-income communities (Kaiser Family Foundation, 2000)).

Computers are regarded by parents as having the most educational value of any type of technology (Takeuchi, 2011). This may be because computers require the user to interact with the program, whereas watching television is a more passive activity. Computer programs for children range from games to more formal school activities. Mobile apps are essentially computer programs that have been adapted for a different, cheaper, platform. Developers, marketers and parents have all bought into the appeal of mobile apps for children. In 2009, nearly half of the 100 best-selling apps targeted preschool and elementary-

aged children (Shuler, 2009). That number can only have gone up since then as the mobile app market continues to explode.

Traditional computer programs and now apps can enhance learning in different ways. One way is the auditory component. Research has found that e-books can improve pronunciation (Littleton *et al.*, 2006; Eshet-Alkalai and Chajut, 2007). E-books, especially for children, often have a feature where the story is read aloud through a recording. Some e-books also have features where the child can then click on individual words and have them repeated. This type of auditory help can be especially

the researchers found that it was easier to engage the ELL students in the program with the Spanish features. Once they were comfortable with the program, they stopped relying on the Spanish menu features and were able to navigate with English oral titles only. Furthermore, the non-ELL students enjoyed the Spanish features as well. They liked learning the vocabulary words in Spanish. Although more research is needed to examine the effectiveness of translation features, this work is promising in that many teachers and parents of ELL students may not be fluent in two or more languages.

### Traditional computer programs and now apps can enhance learning in different ways.

useful for English language learners (ELLS), and potentially any child growing up in a situation where the majority language of society is not the language spoken at home – e-books can also include a translation feature so that specific words or even an entire story can be read in another language. An exploratory usability study of a computer program that included Spanish translation of menu items and specific vocabulary words found that the Spanish features were advantageous to both ELL and non-ELL students (Chiong, 2010). Specifically,

Another factor that makes computer programs and apps appealing is how they can adapt and provide instructional support or, in educational terms, ‘scaffold’ to an individual’s needs. First, programs can adapt to the user’s skill level based on their previous answers. In a study with kindergarteners using an adaptive computer program, Van Daal and Reitsma (2000) found that the students not only outperformed those who did not use the program, but could learn in 16 hours what 3 months of instruction usually covered. Second, programs can

Mobile technology has the promise of the same level of accessibility as television, but with the educational power of computers. Moreover, it can be used anywhere, anytime.

Photo: Courtesy Sirius Thinking



offer support by providing prompts and links to get more information. For example, you can click on a word and get its definition, or the program might pause and ask a question. It can also reinforce a correct answer or provide an explanation for an incorrect answer. Again, more research is needed to investigate what types and combinations of such scaffolding are most effective.

Finally, mobile technology has the promise of the same level of accessibility as television, but with the educational power of computers. It then goes one step further: it can be used anywhere, anytime. Children can use mobile devices in the classroom, at home, at a friend's or relative's house,

and anywhere in between. In a survey of over 800 parents of preschool or early elementary-aged children, the number one place where they allowed their child to use their smartphone was 'in the car' (60%) followed by 'at home' (39%), 'while waiting' (27%) and 'while travelling' (26%) (Chiong and Shuler, 2010). Thus, mobile technology has a farther reach and greater potential in education than any other type of technology to date.

#### What do we know?

There is no doubt that young children use mobile technology. In the last 5 years, there has been a dramatic increase of over 2 hours in daily media use among US children and

teens, now totalling almost 11 hours (Rideout *et al.*, 2010). Children seem to find mobile technology extremely appealing. A usability study conducted by the Sesame Workshop and the Cooney Center found that children aged 4–7 view mobile devices such as the iPod Touch as something they can play with that is 'fun' and 'cool' (Chiong and Shuler, 2010). Furthermore, in a recent small-scale exploratory study by the Cooney Center where children aged 3–5 read an e-book on an iPad and also a print book, the majority of the children (15 out of 21) preferred the e-book version over the print version.

It is not surprising then that even young children are adept at using mobile technology. In the same usability study (Chiong and Shuler, 2010), the majority of the children did not need help using the iPod Touch; if they did, they learned to navigate fairly quickly. It is no longer a question of whether young children should be using mobile technology, but whether they can learn from it; and in recent years, studies have provided more evidence that computer-based programs can be effective for learning (Macaruso and Walker, 2008; Savage *et al.*, 2009). However, research into the effectiveness of these programs when adapted for a mobile technology platform has only begun to scratch the surface.

To the best of my knowledge, the only published study on learning from mobile technology was conducted by

Rockman *et al.* (REA) and PBS KIDS with 90 children aged 3–7 exploring two iPod Touch literacy apps, *Martha Speaks: Dog Party* and *Super Why* (Chiong and Shuler, 2010). *Martha Speaks* is designed for children aged 4–7. It focuses on introducing new vocabulary through three mini-games and a quiz. *Super Why* is designed for children aged 3–6 and has four mini-games that aim to increase literacy skills. The results suggest that *Martha Speaks* may be effective for vocabulary learning for older children, aged 5–7, and *Super Why* may be an effective literacy app, especially for 3 year olds. While the results are promising, we seriously need more research to investigate the types of apps that are appropriate for each age.

Although extensive research has shown that young children can learn from more traditional media such as books (Ganea *et al.*, 2008) and television (Rice and Woodsmall, 1988; Fisch and Truglio, 2001), it has also shown that their learning from these types of media is fragile. Whether young children can successfully learn the content is affected by numerous factors, ranging from the realism of the pictures in a book (Ganea *et al.*, 2008) to the format and sound effects in a television show (Lee and Huston, 2003). The same challenges apply to computer programs and apps. We know that a few features have stood out as beneficial for learning, but more systematic research is needed to explore what formats and features of

programs and apps are advantageous or indeed disadvantageous to learning.

For example, some mobile technology offers touchscreen interactivity, a feature that has not been found in more traditional platforms. While it may make these platforms easier to use for young children because they can simply tap on an icon or object, it may also affect learning. This type of interactivity may be similar to pop-up books in that the user is physically interacting with the platform. Children pulling tabs and lifting flaps while reading a pop-up book may have similar learning affects to those resulting from tapping on an icon or swiping across a page, and research has shown that children learn less from pop-up books than from flat versions of the same book (Tare *et al.*, 2010; Chiong and DeLoache, in press). Children are more interested in playing with the pop-up features than listening to what is being taught by the researcher or even their own parent. Mobile technologies with touchscreen capability are highly susceptible to the same effect. As mentioned earlier, children already perceive devices such as the iPod Touch as something cool to play with, and not something they learn with.

#### **Addressing common parental misconceptions**

With young children's learning so easily affected by formats and features, there is a need for parental and adult guidance. However, there are a few

parental misconceptions about young children's usage of mobile technology that have led to less rather than more parental involvement.

#### **Misconception 1: 'Technology is not my thing, but my child is great at it, so I just let them use it on their own.'**

In an exploratory study looking at intergenerational video game play, by the EA Game Innovation Lab at the University of South Carolina and the Cooney Center, many parents were not comfortable with the gaming system and thus lacked confidence during the game play. They tended to let their child take the lead, and did not offer the same mentoring about the rules and strategy as they did when playing a board game (Chiong, 2009). It is likely that these parents assumed that since their children were adept at navigating the game, they would just figure out any rules or strategies on their own.

But being able to use something does not mean that learning has occurred, especially for struggling students. In a study exploring the effectiveness of a digital literacy program, the findings revealed that there are differences based on learning levels (Chiong *et al.*, under review). The study took place in an underperforming, predominantly minority and low-SES (socio-economic status) school district. When looking at the results by initial literacy levels, the students who started above the mean score on the pre-test benefited from independent use of the digital program. The students who started below the

mean score did not benefit from independent use. These results suggest that although the seriously struggling students had no trouble navigating the program, they were not absorbing the content of the materials as much as their counterparts. This supports findings from Neuman and Celano (2006), that although low-SES children were adept at searching for information on the internet, they preferred sites with pictures and barely any print, whereas middle-SES children preferred print-heavy sites. Thus, parents cannot assume that any time their child spends with an educational application is quality time. Children often need an adult to make the materials more meaningful by reinforcing concepts or by linking the materials to relevant issues they are learning in school.

**Misconception 2: ‘This program can teach my child better than I can.’**

Some parents, especially immigrants and those with lower levels of education, may feel less confident about teaching their own child. They may then rely on programs that have been deemed ‘educational’ rather than try to teach their child on their own. But given the many factors that can affect a child’s learning, software programs should not be viewed as a replacement for a parent or teacher.

Instead, programs that provide scaffolding should be viewed as an opportunity for less confident parents to learn how to give appropriate feedback and support to their child.

There have been studies confirming that low-SES parents may not provide the same rich interactions with their child as high-SES parents (Hammer, 2001). However, research in reading interactions has shown that parents can be easily trained to provide quality interactions (Arnold *et al.*, 1994). With today’s technology parents can, without extra training, learn to use prompts provided by the program to serve as cues to provide that extra support and ensure that their child is paying attention to the relevant information.

emphasis on the platform itself rather than the content. The technology is only a delivery system for information. Software applications are becoming more and more platform-agnostic, downloadable onto virtually any device. Young children have proven to have natural instincts when it comes to using technology. Thus, the focus should be on exposing children to the right material, not the right technology.

These three misconceptions overlap in that they have led some parents to believe that they may not need to play

With young children’s learning so easily affected by formats and features, there is a need for parental and adult guidance.

**Misconception 3: ‘It is important for my child to learn to use technology, especially computers, or they will fall behind.’**

In a 2011 Cooney Center survey of 800 parents of children aged 3–10, nearly three-quarters of parents felt that technology and computers were important to their child’s success in school (Takeuchi, 2011). The same parents also felt that, of the different platforms, computers had the most educational potential and mobile devices or phones the least. While it is true that it is important for children to be proficient in using technology, parents may be placing too much

an active role while their child interacts with technology. While independently playing with a quality app may be beneficial for young children at times, it should not be accepted as the norm or the optimal type of interaction. Specifically, low-income families and families with struggling students should view educational apps as an opportunity for family interactions. Granted, parents are busy, especially those who are working long hours to make ends meet. But the average session children spend with an app is 20 minutes or less (Chiong and Shuler, 2010), less time than watching a TV show. Given the anywhere/anytime



nature of mobile technology, parents should seize the opportunity to make the 10 minutes waiting for the school bus meaningful. Mobile technology can not only change the way we educate our young children, but also change when and how families interact.

In conclusion, mobile technology has potential in education, but we must carefully consider its role. It certainly warrants the hype it has received, as it presents unique opportunities to engage young children and their parents and teachers in something educational. And there is early evidence that apps can be beneficial to young children's learning. However, the hype may have misled some about the role mobile technology should play in children's everyday lives. Its potential in education may lie as a supplementary tool, used most successfully with the active involvement of teachers and parents. Mobile technology can live up to the hype only if developers and marketers tread carefully, researchers quicken the pace, and parents and teachers make informed decisions.

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## Further reading

### Scaling-up Early Child Development in South Africa

*Linda Biersteker*

*Wolfensohn Center for Development Working Papers, No. 15*

*The Brookings Institution, 2010*

This case study tracks the development of the policy environment leading to the introduction of Grade R, the Reception Year for 5 year olds, in the years of transition to democracy in South Africa and its subsequent roll-out towards universal provision originally set for 2010–2011 but recently revised to 2014. It includes a reflection on what, in the Grade R scale-up process, would inform the current roll-out of a national plan for integrated servicing for children aged 0–4 years.

[www.brookings.edu/papers/2010/04\\_child\\_development\\_south\\_africa\\_biersteker.aspx](http://www.brookings.edu/papers/2010/04_child_development_south_africa_biersteker.aspx)

### Scaling-up Early Child Development in Cuba – Cuba’s Educate Your Child Program

*Alfredo R. Tinajero*

*Wolfensohn Center for Development Working Papers, No. 16*

*The Brookings Institution, 2010*

This paper gives a historical review of child development services in Cuba, particularly its universal preschool education, the Educate Your Child programme.

[www.brookings.edu/papers/2010/04\\_child\\_development\\_cuba\\_tinajero.aspx](http://www.brookings.edu/papers/2010/04_child_development_cuba_tinajero.aspx)

### Quality of Early Childhood Development Programs in Global Contexts

*Pia R. Britto, Hirokazu Yoshikawa and Kimberly Boller*

*Social Policy Report, No. 2, 2011*

*Society for Research in Child Development*

Early childhood development (ECD) programmes are considered one of the most promising approaches to providing more equitable outcomes for deprived and at-risk children and families. While the number of children and families served by ECD programmes has grown, research shows that without a concurrent commitment to programme quality, potential gains for children may be lost and glaring disparities in outcomes maintained.

<http://srcd.us1.list-manage.com/track/click?u=addb5e7d7d66625647754af3f&id=8d3f4c0edf&e=48827c3b52>

### No Small Matter: The Impact of Poverty, Shocks, and Human Capital Investments in Early Childhood Development

*Harold Alderman, editor*

*World Bank, 2011*

As documented in this volume, there are programmes that have proven effective in promoting a child’s development through caregiver–child interaction and stimulation, and with well-designed preschool programmes. While preschool programmes currently

cover a modest share of low-income children, expansion of such services to at-risk populations is a cost-effective means of improving overall educational achievement. Thus, focused preschool programmes can serve as a key investment in a strategy to reduce the transmission of poverty from poor parents to their children.

[http://publications.worldbank.org/index.php?main\\_page=product\\_info&products\\_id=24023](http://publications.worldbank.org/index.php?main_page=product_info&products_id=24023)

**Investing in Young Children: An Early Childhood Development Guide for Policy Dialogue and Project Preparation**

*Sophie Naudeau, Naoko Kataoka, Alexandria Valerio, Michelle J. Neuman and Leslie Kennedy Elder*  
World Bank, 2010

The World Bank created this Early Child Development (ECD) Guide in response to a growing demand from Task Team Leaders (TTLS) for advice and support to facilitate the policy dialogue on the topic of ECD and to help policymakers make and implement relevant choices on how best to invest in ECD in the context of their country's economy and national priorities.

[http://publications.worldbank.org/index.php?main\\_page=product\\_info&cPath=0&products\\_id=23904](http://publications.worldbank.org/index.php?main_page=product_info&cPath=0&products_id=23904)

**The Capacity to Have an Effect: An Efficacy Study of the Caribbean Child Support Initiative**

*Rosalind Eyben and Fiona Wilson*  
Caribbean Centre for Development Administration, 2010

The Caribbean Child Support Initiative (CCSI) is a programme that aims to bring a regional approach to its work, and to be more strategic and systemic in its grant making by linking projects to broader early childhood development policy advocacy. The authors were asked to conduct an efficacy study focusing on the CCSI programme concept and perspectives of stakeholders, to identify the dynamics and influences on the CCSI operations and analyse the processes by which CCSI is able to make a difference.

[www.ccsi-info.com/Downloads/PDFs/IDS\\_REPORT.pdf](http://www.ccsi-info.com/Downloads/PDFs/IDS_REPORT.pdf)

**Handbook of ECD Experiences, Innovations, and Lessons from CEE/CIS**

*International Step by Step Association (ISSA), 2009*

This handbook showcases successful early childhood development (ECD) investments and public-private partnership in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS). The examples are from both within and outside the ISSA network, and ISSA hopes that the handbook will serve as a source of inspiration in considering new ways of improving and expanding

integrated ECD services, both in the CEE/CIS region and beyond.

[www.issa.nl/docs\\_pdfs/Handbook%20of%20ECD%20Experiences,%20Innovations%20and%20Lessons%20from%20CEE\\_CIS%20.pdf](http://www.issa.nl/docs_pdfs/Handbook%20of%20ECD%20Experiences,%20Innovations%20and%20Lessons%20from%20CEE_CIS%20.pdf)

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Bernard van Leer Foundation

## Investing in the development of young children

The Bernard van Leer Foundation funds and shares knowledge about work in early childhood development. The Foundation was established in 1949 and is based in the Netherlands. Our income is derived from the sale of Royal Packaging Industries van Leer N.V., bequeathed to the Foundation by Dutch industrialist and philanthropist Bernard van Leer (1883 to 1958).

Our mission is to improve opportunities for children up to age 8 who are growing up in socially and economically difficult circumstances. We see this both as a valuable end in itself and as a long-term means to promoting more cohesive, considerate and creative societies with equal opportunities and rights for all.

We work primarily by supporting programmes implemented by local partners. These include public, private and community-based organisations.

Working through partnerships is intended to build local capacity, promote innovation and flexibility, and help to ensure that the work we fund is culturally and contextually appropriate.

We also aim to leverage our impact by working with influential allies to advocate for young children. Our free publications share lessons we have learned from our own grantmaking activities and feature agenda-setting contributions from outside experts. Through our publications and advocacy, we aim to inform and influence policy and practice not only in the countries where we operate but globally.

In our current strategic plan, we are pursuing three programme goals: reducing violence in young children's lives, taking quality early education to scale, and improving young children's physical environments. We are pursuing

these goals in eight countries – Peru, India, the Netherlands, Israel, Uganda, Turkey, Brazil and Tanzania – as well as undertaking a regional approach within the European Union.

In addition, until 2012 we will continue to work in the Caribbean, South Africa and Mexico on strengthening the care environment, transitions from home to school and respect for diversity.

[www.bernardvanleer.org](http://www.bernardvanleer.org)